



Health Information  
and  
Medical Guide  
For  
Staying Healthy in  
San Salvador

### Emergency Numbers

☎ Embassy Dispatcher (24/7).....	2278-6003 2501-2252
☎ Embassy Switchboard (working hours).....	2278-4444
☎ Health Unit Extension.....	2501-2550
🚑 Priority Ambulance (24/7).....	2264-7911

### Emergency Procedures

A Medical Duty Officer is on-call 24/7. The Security Dispatcher will contact the Medical Duty Officer for urgent medical problems occurring after hours, weekends, and holidays. On the phone the Medical Duty Officer will determine whether the medical disorder can be treated at home, at the Health Unit, or requires immediate evaluation at a hospital emergency room. The Medical Duty Officer will also contact the local consultant specialists that might be needed.

If the medical problem seems an emergency that requires immediate hospitalization, go directly to a hospital emergency room. As soon as possible, contact the Medical Duty Officer, who will meet you in the emergency room.

**Hospital de Diagnostico Escalon** is the closest hospital to the US Embassy, capable of treating most medical and surgical emergencies. (See map.)

If there is an acute gynecological or obstetrical problem, patients should go to the **Hospital de la Mujer**, also located in Escalon. (See map.)

If the medical emergency involves a young infant, who may require intensive care, go the emergency room of the **Hospital Ginecologico**, located in downtown San Salvador.

Shortly after arrival at Post, take a drive to learn how to get to the local hospitals.

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**☑ If you need help getting to a hospital emergency room:**

- 1) call Priority Ambulance at the number noted above;
- 2) call the US Embassy dispatcher;
- 3) contact the Health Unit, if the emergency occurs during normal working hours.

The current Priority Ambulance fee for transport within the metropolitan area of San Salvador is \$100.00 plus charges for supplies used.

After arrival at an emergency room, inform the staff that you work at the US Embassy. If you have not already called the Medical Duty Officer, have the hospital staff contact the US Embassy. Carry your diplomatic carnet with you to confirm your affiliation with the US Mission in San Salvador. An official letter guaranteeing upfront payment of the hospital bills by the US Embassy will be given to the hospital.

In the event that a blood transfusion is needed, the Medical Duty Officer, using the American donor walking blood bank list, will contact donors from the US Embassy community.

If there is an incident involving Mission personnel, you should obtain the following information:

1. Name of victim
2. Agency
3. Extent of Injuries
4. Type of Accident
5. Whether there were others injured
6. Whether there was police involvement
7. Location of victim
8. Apparent medical condition of those injured
9. Medical treatment being administered

Phone the Security Dispatcher at the US Embassy, who will contact the RSO, MGT officer on duty, and the Medical Duty Officer.

## **🚑 AMBULANCE SERVICE**

### **Priority Ambulance**

**Address:** 85 Av. Norte #724 Colonia Escalon

**Telephone:** 2264-7911

## **LOCAL HOSPITALS**

### **Hospital de Diagnostico y Emergencias (ESCALON)**

**Address:** Paseo general Escalón y 99 Ave Norte Plaza Villavicencio

**Phone:** 2264-4422

**Emergencies:** 2264-4422

### **Hospital de Diagnostico y Emergencias**

**Address:** 21 Calle poniente y 2a diagonal #429 Urb. La Esperanza

**Phone:** 2226-5111 & 2225-3073

**Emergencies:** 2226-5111

### **Hospital de la Mujer**

**Address:** Between 81 & 83 Ave. Sur Calle Juan J Cañas Colonia Escalón

**Phone:** 2265-1212 , 2265-1210, 2263-5111

**X-ray:** 2263-5132

**Emergencies:** 2265-1212

### **Hospital Centro Ginecológico**

**Address:** 2a Diagonal Urb. La Esperanza

**Phone:** 2226-1899/1788/1911/1122

**Admin/Fax:** 2247-1400[Ms. Carolina de Rivas]

**Lab:** 2247-1141/ 1143

**Emergencies:** 2242-1122

### **Hospital Centro Pediatrico**

**Address:** 2a diagonal #222

**Phone:** 2217-3000

**Emergencies:** 2217-3012

### **Hospital Bloom (pediatric hospital)**

**Address:** 25 Avenida Norte (downtown)

**Phone:** 2225-4114

**Emergencies:** 2286-3451

### **Hospital Militar Central**

**Address:** Avenida Bernal y Calle Constitución

**Phone:** 2250-0080

**Emergencies:** 2274-6067

## **BLOOD BANK: LA CRUZ ROJA SALVADORENA**

**Address:** 17 Calle Pte y Av. Henry Dunant, apartado 2672

**Telephone:** 2222-7041, 2222-5436

**FAX:** 2222-7758







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# CONFIDENTIALITY

Rumor is a pipe  
Blown by surmises, jealousies, conjectures,  
And of so easy and so plain a stop  
That the blunt monster with uncounted heads,  
The still-discordant wavering multitude,  
Can play upon it.

King Henry IV, Part II  
William Shakespeare

Within the walls of the Chancery it is difficult to lead a private life. The broad sociality of the people in the Foreign Service may seed rumors that sprout mutated stories. We all need to protect each other's right to privacy.

Privacy is extended to absolute priest-like confidentiality for all medical issues. It is expected that all Embassy personnel will respect the confidentiality of medical issues. The medical staff will be mute when inquiries are made about medical conditions. Exceptions are made only when security officers, who also pledge strict confidentiality, require information for the protection of others at the Mission.

Medical information is always sent by "MED Channel," preferably with medical codes, or by FAX directly from the Health Unit. At the time of registration each adult will be asked to sign a HIPPA (Health Insurance Portability and Accountability Act) document, mandated by the US government, outlining under what circumstances medical information may or may not be released.





# The Health Unit





## **Health Unit Mission Statement**

The Health Unit provides primary care services to American personnel and their dependents serving the US Mission San Salvador. These services include:

- Assessment and treatment of medical illness and injury
- Well-child care for families
- Supervision of pregnancies in conjunction with a local obstetrician
- Management of obstetrical medical evacuations, both routine and emergent
- Primary vaccinations for children and adult and child vaccinations needed for living overseas
- Oversight of the hospital care of Mission personnel, ensuring that the care is appropriate, prompt, and as near to US standards as possible
- Sending funding cables for medical clearance tests, hospitalizations, and medical evacuations
- Management of medical evacuations, planning with patients and sending cables
- Performing medical clearance examinations
- Review of local medical facilities and physicians to obtain the best medical care available and to facilitate access to evaluation and treatment
- Treatment of injuries and medical crises affecting US and FSN employees in the workplace, until local care can be obtained
- Maintaining a pharmacy with medications for the acute treatment of diseases commonly affecting Americans living in the foreign environment and for treatment of emergencies
- Promoting health through disease prevention and educational programs
- Assisting the RSO in emergency preparedness for mass casualty events

The Health Unit staff respects patients' rights and expects patients to be inquisitive and proactive, assuming responsibility for decisions about their health care. (See Appendix A: Patient Bill of Rights.)

## THE HEALTH UNIT

The Embassy's Health Unit is located on the second floor of the Chancery Building. After passing through the security doors at Post 1, turn to the right. It is the first door on the right. The Health Unit extension is 2550.

The Health Unit hours are **8 AM - 4:30 PM, Monday through Friday**. The Health Unit door is closed 12 - 1 PM for the staff to have lunch. The Health Unit staff is **always** available to evaluate **urgent** medical problems. If the Health Unit door is closed, please just come in or call extension 2550.

An appointment, rather than just walking in, will help ensure that you do not have to wait long for evaluation and treatment. Please call to schedule an appointment with the Health Unit administrative assistant. If you have an urgent medical problem, your call will be referred to a nurse to assess whether you should be evaluated in the Health Unit, by a local consultant, or at a hospital emergency room.

The Health Unit staff consists of the

**Regional Medical Officer  
Physician Assistant**

**Georges F. McCormick MD  
Rita Hintz**

**Nurses**

**M. Otilia Martinez  
Rebecca Mendez**

**Administrative Assistant**

**Karla Bolaños**

In the absence of the RMO, the Health Unit staff will arrange an appointment with a local physician.

In addition to the staff located in San Salvador, the Post is served by regional medical personnel stationed in Mexico City. These are

**Regional Psychiatrist (RMO-P)  
Regional Medical Technologist (RMT)**

### **Registration with the HU**

The Health Unit needs a record of everyone's medical information in order to provide the best medical care. Upon arrival at Post, employees and their dependents should come to the Health Unit to fill out the registration and health promotion forms, present vaccinations records for review, leave medical records from the previous post, advise the medical staff of medication allergies reactions and blood type, consider signing up for the "walking blood bank," leave emergency contact information, sign the HIPPA document regarding confidentiality of medical records, and meet with the Health Unit staff, who can answer questions about health concerns in this new environment. Do not remain a medical mystery. Registering at the Health Unit may save your life.

## **Orientation Program**

Every two weeks the Health Unit staff participates in the “newcomers briefing,” providing information about the Health Unit and health issues in San Salvador. All adult family members should attend. If you have personal medical issues that you wish to discuss with the physician or nurse, please make an appointment to come to the Health Unit. At the time of the orientation, please fill out the registration and health promotion forms, review the walking blood bank screening questionnaire to consider whether you are eligible to be a donor, and sign a HIPPA document. A Health Unit Handbook will be provided upon request.

## **Health Unit Eligibility**

The Department’s medical program was established to provide access to health care for USG direct-hire employees of participating agencies and their eligible dependents assigned overseas. Health care personnel cannot provide services to unofficial patients. US-hired Personal Service contractors (PSC) may be included in the overseas DOS medical program if requested by the contracting agency and that agency includes the individual in their ICASS workload count, thus contributing to cover the additional ICASS cost. All individuals must have a DOS medical clearance in order to have access to the DOS medical program.

Locally hired PSC and non-personal service contractors do not have overseas DOS Health Unit privileges. Summer interns have privileges if salaried by the DOS and if they have a current medical clearance.

Elderly parents, children older than age 21 years, visiting relatives, and members of household who are not “eligible family members,” are not eligible for the Department of State medical program benefits, even though they may be listed in the employee’s travel orders. It is imperative that these relatives have personal medical evacuation insurance. The cost of a medical evacuation is staggering. Most health insurance companies do not pay for medical evacuation travel. The following companies have frequently been used:

- World Access Transport Services 1-800-343-9287
- SOS Medical Emergency Flights (215) 245-4707
- Critical Air Medicine (619) 571-0482.

## **Treatment of Minor Children (Below 18 Years of Age)**

For medical-legal reasons, minor children will be examined and treated only when accompanied by a parent or guardian. Emergency medical treatment will be provided to a minor only if the medical condition is life threatening.

Parents and guardians, who leave their children with another adult (a trusted friend or colleague) because of travel, must leave a signed Power of Attorney for health care, authorizing that adult to act as the surrogate parent, making health care decisions for their child, acting as the surrogate parent. (See Appendix for an example of a typical POA that could be used.) The parent or guardian should leave a copy of the POA with the Health Unit. It is advisable that the responsible adult caring for the child/children be given the immunization (yellow card) record and passport in the event that medical evacuation becomes necessary.



## **Physical Examinations**

Medical clearance examinations and medical clearance updates are performed in the Health Unit or scheduled at the exam clinic in the Office of Medical Services in Washington D.C. Individuals living overseas or beyond a 50 mile radius of the Washington DC area may elect to have their examination done by a licensed US physician.

Immunizations records will be reviewed at the time of the medical clearance examination to determine the need for boosters or additional vaccinations prior to a new assignment. Immunizations are an important part of the employees' assignment preparation.

Employees of the Department of State should submit the expenses for clearance examinations to the Health Unit. All other employees should submit the medical bills to the employing agency. Please note that the employee is responsible for paying all outpatient fees for lab work, radiology, colonoscopies, and any other related costs at the time of service. The charges for these tests are reimbursable once the physical is completed and the individual's insurance company has reviewed and paid the allowable portion.

Payment of medical clearance examinations done by private physicians in the US is processed through the Office of Medical Services (MED/MC) claims office in Washington. The telephone number for follow-up of the claims status is 703 875-4839.

In addition to medical clearance examinations, the Health Unit regularly provides examinations for infants and children, as recommended by most pediatricians. These examinations document growth and development, answer questions from concerned parents, and ensure timely childhood vaccinations. Local schools often require a physical examination at time of enrollment. Bring the forms to the Health Unit, where the "school physical" can be done.

## **Examinations for New Dependents:**

Any new dependents, whether by marriage, birth, or adoption, must have a physical examination for medical clearance within 90 days of becoming a new dependent, in order to be eligible for DOS medical program privileges. Failure to obtain medical clearance for new dependents may result in forfeiture of medical benefits provided by the State Department's Medical Program. Also, contact your health insurance company to enroll the new dependent under your health insurance policy.

## **Separation Examinations**

Most separation/pre-retirement physical examinations should be done at MED in Washington DC. Separation examinations document medical illness and injury related to Foreign Service duty. If an examination is not done, further claims for medical illness or injury that occurred in the FS will automatically be waived. It is recommended that children reaching their 21<sup>st</sup> birthday have a separation examination about ninety days before that birthday.

## **Physical Exams for Active Duty Military Personnel:**

Personnel on Flying Status: Complete ("Long") exam every 3<sup>rd</sup> year. Annual "short" physicals occur each year between each long exam.

Personnel not on Flying Status: Require a physical examination every 5 years and upon retirement. Call the Health Unit to schedule.

### **Obstetrical Care**

Health Unit staff does not have medical privileges at local hospitals nor can they manage an obstetrical emergency in the Health Unit. It is therefore imperative that pregnant patients have a local obstetrical physician to call in the case of an emergency. Routine obstetrical visits should be done at both the Health Unit and with the local obstetrician.

All pregnant patients should have a first pre-natal visit in the Health Unit early in their pregnancy. Standard prenatal laboratory tests will be ordered. The Health Unit staff will review concerns, discuss special testing needs, and review the process of obstetrical medical evacuation. Prenatal vitamins are available in the Health Unit for pregnant women and women planning pregnancy. In the event that an emergency occurs during pregnancy, both the local obstetrical physician and the Health Unit need to be contacted immediately.

The Health Unit wants your pregnancy to be as trouble-free and healthy as possible—and we look forward to welcoming your new infant to post.

### **Mammography**

Mammography is required for medical clearance for all women over the age of forty years. At age fifty women should scheduled mammography annually, between clearance examinations. Mammography should be started earlier, if there is a history of first-degree relatives with breast cancer. The Department of State will only pay for mammograms when they are a part of a clearance physical examination. The Health Unit recommends the women have their mammograms done in the United States.

### **Immunizations and Well Child Care**

In addition to standard childhood immunizations, the Health Unit provides vaccinations against typhoid, meningococcal meningitis, hepatitis A, tetanus, rabies, and, annually, influenza. (See the childhood vaccination schedule in the Appendix.) At the time of arrival at post, each employee should bring his and his family's vaccination record to the Health Unit for review. No specific immunizations are required for El Salvador beyond the usual childhood immunizations (required to enter school).

Infants and young children should be evaluated in the Health Unit at regular intervals to review issues of development and learning and receive recommended vaccinations.

## **Personal Prescription and Drug Supplies**

Embassy health units do not stock or supply medications used for treatment of chronic, ongoing illness, such as hypertension or diabetes. Personnel covered by Dept. of State medical program are required to purchase their own medications for these chronic medical problems. Most of the health insurance carriers used by American personnel have their own pharmacy program and require that you use their system. The Health Unit staff can assist you in renewing prescriptions.

Military personnel obtain medications under TriCare from Expressscripts. The local TriCare coordinator should assist military personnel in refilling prescriptions.

The Health Unit does stock some medications: 1) for acute illnesses, particularly those illnesses likely to be acquired by personnel living at the foreign post; 2) those required to provide immediate emergency treatment (e.g. heart attack, etc.) and response to mass casualties.

The Health Unit suggests the following for personnel who require prescription medications.

1. Place your order EARLY to anticipate possible delays in delivery. Some prescription services limit quantities to a 90-day supply, but many will send a one-year supply with appropriate documentation and co-pay. The Health Unit will write the necessary prescriptions, but you must initiate the request in a timely fashion.
2. You may mail prescriptions via the APO or the Health Unit staff will fill out a specific prescription form for sending by FAX, which you can then fax yourself.
3. Prescriptions for controlled substances (such as Ritalin and Concerta) must be mailed rather than faxed.

## **Laboratory and Imaging Studies**

The physician or nurses in the Health Unit can write orders for laboratory testing and imaging studies (x-ray, CT scan, MRI, ultrasounds, bone density studies, etc.). Although there are several clinical laboratories in San Salvador, some tests need to be sent to the United States. All specimens for HIV testing must be sent to specified laboratories in the US. HU staff will assist you with specific laboratory instructions. PAP smears and biopsy specimens, requiring review by a pathologist, should also be sent to the US.

## **Referral to Local Dental, Medical, and Surgical Consultants and Testing**

At times the services of a medical or surgical specialist are needed. The HU medical provider will discuss the available treatment options with the patient and his/her family and assist the patient in scheduling an appointment. The Health Unit keeps a list of local consultants, who have provided medical care to US personnel. While the curriculum vitae, which document the medical training of these consultants, are kept on file, the Health Unit has no role in

“certifying” the ability of these specialists, guaranteeing the quality of medical care provided, or controlling the costs of the services provided. The Health Unit staff will do its utmost to oversee the care provided, discuss options with patients, and intervene when they think that the recommendations of the consultant are neither in the best interest of the patient nor approach a US standard of practice. It is recommended that all elective surgery be done in the US, whenever possible. Overseas physicians and hospitals are not subject to the scrutiny that is routine in the US. A list of medical and surgical providers with whom we have experience can be provided by the Health Unit.

Inquire about the cost of treatment ahead of time, as all charges and bills are your responsibility and may need to be paid at the time of an appointment. Later bills can be forward to your private health insurance for reimbursement. The US Mission is **not** the upfront payer for outpatient medical care.

For US personnel covered by the DOS medical program under ICASS, a letter of guarantee will be given to the hospital billing department, citing the US government as the upfront payer of hospital bills, when these individuals are hospitalized (overnight stay or more than 24 hours). A DS3067 form is issued. Payment will include post-hospitalization care up to 12 months after the hospitalization, related to recover from that specific illness. Each patient will need to send his hospital bills to his insurance company and forward the reimbursement to the financial management office of US Embassy-San Salvador.

### **Medical Evacuation**

The Health Unit staff will work with patients to plan travel to the US for needed medical treatment. Miami is the medical evacuation point for San Salvador. Houston has become an alternative medevac site, allowing patients to choose to go to Houston instead of Miami for medical care. Occasionally, patients may need to travel to Washington DC for treatment. Patients may choose to travel elsewhere in the US for medical treatment, but coverage of the travel costs will be limited to the cost of the roundtrip airfare to the regional medevac site in Miami, Florida.

Evacuation to the US for required and emergency dental treatment has limitations defined by the 3 FAM 1900. Personnel and their dependents are allowed one “required” dental evacuation per year with just one day of per diem. Persons having “emergency” dental evacuations are given three days per diem. Because of these limited dental benefits, it is prudent to obtain prophylactic dental examinations and treatment during home leave and R and R.

### **The Walking Blood Bank**

The walking blood bank is a voluntary program. American personnel are asked to be available to donate blood when another Mission member has a need. A list of the blood types of potential donors is kept at the Health Unit. US personnel will be asked to fill out a donor questionnaire at the time of registration in the Health Unit, which should occur immediately upon arrival at Post. No blood testing will be required until the time that a blood donation is needed. When requested, blood typing can be done at a local clinical laboratory. In San Salvador, blood donations are done at the Red Cross and the units of blood are transferred to the hospital where the patient/recipient is located.



## **Pediatric Blood Lead Screening Program**

The DOS Office of Medical Services recommends and will pay for blood lead screening annually for children from six months to six years of age. This group is specifically targeted since they are most at risk. Compared to children of similar socio-economic and ethnic backgrounds living in the US, children living overseas are more likely to have an elevated blood lead level. Leaded gasoline, no longer used in San Salvador, and lead-containing paints are common sources of lead. **In San Salvador, there have been no children of US personnel with elevated blood lead levels.** Nevertheless, parents are encouraged to have their pre-school aged children screened annually and at the time of departure from Post. The blood specimen will be sent to Washington DC to measure the lead level at a reference laboratory chosen by MED. A mailing kit, lab request form, blood lead drawing instructions, and laboratory supplies for blood drawing may be obtained from the Health Unit. The parent will then take the child to the laboratory for the blood drawing and the Health Unit will mail the sample and forms to MED.

## **HIV and Hepatitis B and C Testing**

These tests are ordered for all medical clearance examinations and transferring MSGs. An appointment to do these tests can be requested at any time. HIV testing should never be done at an overseas clinical laboratory, as this information is highly confidential. Specimens are sent to specified laboratories in the U.S. MED has established very strict guidelines to protect confidentiality of reports. These reports will not be available to anyone, except the patient and other treating medical personnel who might need to know, without the written permission of the patient.

## **Tuberculosis Surveillance**

Tuberculosis (TB) is the second most common infection disease worldwide. (HIV infection is now the most common.) The United States is one of the few countries that has had a declining incidence of TB for forty years, because of its program of routine skin testing (the PPD, also called the Mantoux test) with treatment of all persons whose skin test changes from negative to positive. Most countries have had a steady increase in the incidence of TB, in large part because HIV infection increases the susceptibility of individuals and the incidence of “active” contagious TB. In developing countries persons infected with HIV develop TB at an annual rate of about 6-8% per year. A positive skin indicates TB infection, which precedes TB illness. While only about 10% of healthy persons infected develop illness in their lifetime, the severity of the illness makes prevention the best approach. (See Appendix for more about TB.)

MED recommends that all personnel and their dependents living overseas have annual testing for TB. If the skin test changes from negative to positive, the person should be treated with isoniazid (INH) daily for nine months. The Health Unit provides this medication.

## **Services not provided by the Health Unit in San Salvador**

- Operative procedures that require general anesthesia
- Childbirth
- Routine general anesthesia
- Radiology services
- Laboratory testing

\* The Health Unit does not use physical restraints

## **5 Steps to Safer Health Care**

**Speak up if you have questions or concerns.** It's OK to ask questions and to expect answers you can understand.

**Keep a list of all the medications you take.** Tell your health care provider about the medicines that you take, including aspirin, ibuprofen, vitamins, and herbs. Tell him/her about any drug allergies you have. Ask about side effects and food interactions. Read the labels on the medication bottle. If the medicine looks different, ask about it.

**Make sure that YOU get the results of any test or procedure.** Ask how and when you will get results of tests or procedures. If you do not get them when you expect, call to ask for them. Ask what the results mean.

**If you need hospital care, talk with your health care provider and the health care team about the options.** Ask which hospital has the best care and outcomes for your condition. When you are in the hospital, be sure to ask about follow-up care when you leave. Be sure you understand the instructions at discharge.

**Make sure you understand why you need the surgery, the risks, and what results can be expected.** Tell the surgeon, anesthesiologist, and nurses if you have any allergies, or if you have ever had a serious reaction to anesthesia.

**Life is short,  
And the Art is long;  
The occasion fleeting;  
Experience fallacious, judgment difficult.  
The physician must not only be prepared to do what is right himself,  
But also make the patient,  
The attendants, and the externals cooperate.**

**The First Aphorism  
Hippocrates c. 400 BC**



# Department of State Medical Program

## DEPARTMENT OF STATE MEDICAL PROGRAM

### **Explanation of Benefits**

The Department of State's medical program, under the supervision of the Office of Medical Services (MED), works to maintain health and treat illness of USG employees working overseas. The sections of the Foreign Affairs Manual (3FAM 1900) described the medical services and benefits provided by this program. Health care providers (or management officers when there is no medical staff at a post) oversee health care issues, assist in the selection of a physician or medical facility, and help interpret the FAM regulations on which the medical program is based. US embassy health units provide a broad range of services, including primary medical care, assistance in obtaining medical care from local medical resources, supervision of medical and dental evacuations, preventive health care, and health promotion. Employees and their dependents are encouraged to establish contact with their health professionals upon arrival at the assigned post to discuss health risks, review their vaccination records, and inform the health unit staff of specific medical conditions that need to be monitored.

### **Medical Clearance**

Don't go overseas without one. Failure to obtain a medical clearance forfeits DOS medical benefits, including use of the health unit, immunizations, upfront payment of hospitalization, and medical evacuation.

Medical clearance is required to protect the health of each individual. MED determines whether there are environmental hazards that might adversely and severely affect the health of an individual with specific medical conditions (for example, as extreme air pollution might affect a person with asthma). Also, MED assesses whether the post of assignment has sufficient medical resources to treat an individual with an ongoing illness. MED may require an individual to obtain additional evaluation from a consulting specialist to determine the level of risk to an individual.

Medical clearance is required at the time of employment, at each home leave, and after a medical evacuation. A medical clearance examination or Medical Clearance Update for the next OVERSEAS posting. A medical clearance is valid for two years or until the end of the tour, whichever is longer. A tour is defined as the interval between one home leave to another. Persons performing overseas TDY assignments of more than 60 days, cumulatively, per year require a medical clearance. Medical clearance may be waived for dependents on the grounds of religious convictions, but assignment to a foreign post is dependent upon approval of the Medical Director at MED. An employee may not waive the requirement for medical clearance.

Medical clearance examinations may be scheduled anytime during the ten months before departure. In addition, to the standard blood and urine tests required, women must have PAP tests. The DOS medical clearance process also requires that women over forty years of age have mammography and men over fifty (over 40 if African-American) have prostate specific antigen (PSA) testing. All adults over fifty years of age must have stool occult blood screening for colon cancer and an electrocardiogram. After age fifty, the DOS will authorize colonoscopy screening once every ten years. All persons living overseas should have PPD skin testing for tuberculosis and, if living in an area endemic for intestinal parasites, stool examination for parasites.

**No medical clearance is required nor authorized for a domestic posting.**



ew dependents (through marriage, adoption, legal guardianship) must obtain a medical clearance within 90 days after becoming a family member. Each new family member must be cleared for overseas assignment before he/she can be added to the employee's orders. Medical clearance is necessary for the new family member to become eligible for DOS medical program benefits.

Medical clearance examinations may be performed by an embassy medical officer, a private physician, or at the Examination Clinic in the Office of Medical Services, located in the Columbia Plaza office building at 2401 E St, near the DOS building in Washington DC. Clearance examinations by private physicians will be reimbursed by the DOS, unless the individual resides within a fifty mile radius of Washington DC. If residing within this radius, the medical clearance examination must be done at the Office of Medical Services. Children less than six years of age must have their medical clearance examinations done by a private pediatrician or family practitioner. (Forms [DS 1843](#) for adults and [DS 1622](#) for children less than 11 years of age are used.)

Selected persons, who have remained in good health during their overseas assignment, may elect to use the Medical Clearance Update (MCU) form, [DS 3057](#). On the Medical Clearance Update form, the employee and eligible family members need to indicate any medical events that have occurred since the last medical clearance was issued. Individuals posted overseas should elicit the assistance of their Foreign Service Medical Provider (FSMP) or Health Unit staff at post to complete the Medical Clearance Update form and to discuss the need for health maintenance testing and guidance. Even though you may have opted to complete the Medical Clearance Update form in lieu of the full physical exam, you may need additional tests in order to complete the MCU. All women over 21 years of age are required to have a PAP smear within the prior year and all women over 40 will need a mammogram. Persons over 50 years of age are required to have specific screening tests (stool for occult blood, EKG, prostate specific antigen (age 40, if African-American)). MED will continue to pay for these health maintenance evaluations beginning with the initiation of the clearance action (completion of the Medical Clearance Update form) up to six months after the completion of home leave.

If additional testing or consultation is necessary for completion of the medical clearance, a DS 616 form will be submitted to MED for approval of these additional evaluations. The DS 616 provides authorization for later re-imbursement of these added medical expenditures.

Whether completed overseas or in the United States, your Medical Clearance Update form will be reviewed for any medical events that have occurred since the last clearance. Those holding a Class 2 require an updated report of their Class 2 medical condition. The medical needs of the individual with a Class 2 condition will be compared to the medical resources available at the post on the individual's bidlist. MED/Clearances will notify the employee, if more medical information is required prior to issuing a medical clearance.

Regardless of when the medical clearance update is done, please note the 3FAM 1931.1d requirement: "The candidate is responsible for reporting to the Office of Medical Services any changes in his or her own or his or her eligible family members medical condition that could affect appointment to the Foreign Service or assignment abroad." MED Clearances must be notified of any change in medical condition from the time of the issuance of the clearance until proceeding overseas.

The Office of Medical Services approves overseas postings for all those holding a Class 2 clearance, whether the clearance concerns a medical problem or a special education concern. This approval takes place during the bidding process. This is a separate process from the above-described medical clearance update. An updated report of the condition for which the Class 2-Specific clearance was issued, should be provided to MED Clearances. For the most current information, please see 04 State 145142 - Assignment Process.

1. The employee should obtain a current report from the specialist who manages the medical condition for which the Class 2 clearance was given. The report should include the following information:
  - a. The medical condition for which the person has been given a Class 2 clearance.
  - b. Current treatment including medications
  - c. Summary of how the person is doing at present
  - d. Type and frequency of follow up required over the next two years (i.e. must have follow up with a cardiologist every six months and lipid profile quarterly). This is the most important element of the letter.
2. Fax the report to Office of Medical Clearances 703-875-5414 with cover notation of Class 2 medical condition update for bidding. (Once the report is faxed, please do NOT forward the original. Keep the original for your file.) It is best if the patient obtains the report and faxes it him/herself. Patients should strive to get these reports very early in the bidding process, preferably during the summer before bidding. The employee should specify who in the family has a limited clearance.
3. Discuss bid preferences with your CDO. Be sure to prioritize your preferences.
4. Your CDO will forward your bid preferences to Medical Clearances and work with the clearance staff on post approval. (It is critical that a treatment plan of care and monitoring be included in the updated report, as this information is critical to make post approvals.) MED prefers that all bids be sent together, as maybe possible.
5. Medical Clearances will notify your CDO of the posts that have appropriate resources to provide follow up and grant approval for those posts. The process of approving the posts which are suitable for clients and family members with a Class 2 clearance involves review of MED's database of overseas medical resources and discussions with colleagues at the designated post. This process may take some time.

Persons with a Class 2 clearance receiving long-term language training must have a medical clearance **before** starting the language training.

Persons whose Class 2 clearance is based on psychiatric conditions must have attached documentation of the current status of that condition. Families with children receiving special education allowance must include an updated "Report of School Progress" and summary updates from treating health professionals.

The following clearances may be issued:

Class 1	Worldwide available without restriction
Class 2	Limited to posts the meet the individual's medical needs
Class 5	Limited to service within the United States

Class 6	Clearance for temporary travel abroad (visitations)
Class 7	Clearance is pending
Class 8	Clearance has been annulled due to failure to complete the clearance process.
Class 9	Separation from Medical Program (retirement; children over age 21)

On rare occasion the Director General may allow an individual without a medical clearance to go overseas, when it is determined that the interests of the United States government supercede the additional health risks.

Please make sure that you and your family have an updated medical clearance before your arrival at your next post. The Department may withhold medical benefits from employees who proceed to a foreign posting without proper medical clearances for themselves and their eligible family members. If uncertain about your clearance status, please contact Medical Clearances at 703-875-5411 or email Med Clearances Washington at [MedClearances@state.gov](mailto:MedClearances@state.gov).

### **Payment for Overseas Medical Care**

Employees are responsible for the costs of outpatient procedures, laboratory testing, imaging studies, physician bills, and medications, unless these charges are associated with a hospitalization. Employees should submit medical claims to their health insurance company.

Overseas employees and eligible family members are issued a DS 3067 form, which authorizes MED/USG to pay upfront for the expenses of hospitalization and the subsequent, related post-hospitalization treatment for up to one year. This authorization applies only to hospitalizations incurred overseas. Patients must submit the medical bills to their health insurance company for reimbursement and forward the re-imbursement to the budget office at their post of assignment. MED serves only as a secondary payer and its liability is limited to the residual after the employee's own health insurance has reimbursed the claims. All persons covered by the DOS medical program are required to have personal health insurance.

To facilitate access to overseas hospitalization, the Health Unit will provide, at the time the employee or his dependent is admitted to the hospital, a letter which indicates that the US government guarantees payment of the hospital charges. The post of assignment will provide upfront payment.

### **Medical Evacuation**

A valid medical clearance is required for employees and their dependents to be eligible for medical evacuation (MEDEVAC) funding. MEDEVAC is authorized by the Regional Medical Officer (RMO) and approved by Foreign Programs (MED/FP). A MEDEVAC is authorized when a patient has an acute medical condition (i.e. it cannot wait until the next home leave or R and R) that cannot be treated locally at or near a U.S. standard of care. When a MEDEVAC is approved, funding is provided, in most cases, for travel to the designated MEDEVAC site. For Mexico and Central America there are now two medical evacuation sites: 1) Miami/Ft. Lauderdale; 2) Houston. Appointments at both medevac sites are arranged by the RMO or FSHP at the Florida Regional Center in Ft. Lauderdale. Pregnant women on obstetrical MEDEVAC may go to any site within the United States. All others who plan medical treatment at an alternative location will receive travel funding equal to the roundtrip fare to the designated MEDEVAC site. Funding for per diem and lodging is provided during the period of medical treatment, excluding the days of hospitalization. Per diem and lodging ex-

MEDEVAC site (i.e., if New York or London has higher costs, the individual will be reimbursed only at the lower Miami rates, and will have to pay the difference out of pocket).

Under certain circumstances, medical per diem can also be authorized for those traveling on R&R or other post-authorized official travel, only for the period of medical care. Medical per diem cannot be authorized if traveling under Department funded travel orders (i.e. home leave, transfer or separation orders) or personal travel.

MED/FP is the point of contact for patients medically evacuated to the U.S. MED/FP should be sent updates of the medical condition, requests for extension of the treatment period, and medical clearance to return to the foreign post. Medical clearance **MUST** be obtained before returning to post. Failure to do so may result in loss of DOS medical benefits. The telephone number for MED/FP is 202 663-1662 and the FAX number is 202 663-3247.

Pre-certification is usually required by all health insurance plans, including the Federal Employees Health Benefits Program (FEHBP), when hospitalized in the U.S. Outpatient surgical procedures and certain tests may also required pre-certification. Quite commonly, insurance companies have listed some surgical procedures, as requiring less than “23 hours” hospitalization, in order to define them as outpatient treatment. Patients are usually responsible to pay for outpatient procedures out of pocket and submit the bill to their insurance company. Employees are urged to be familiar with their health benefits. If hospitalized on an emergency basis in the US, your insurance company must be notified within 48 hours. Call your insurance plan and they can contact your physician or the admitting hospital. Please note that this pre-certification is done with the insurance company, **NOT** with MED (State Dept/HU). Notification within 48 hours is not required for hospitalizations occurring overseas.

Check list for MEDEVAC travel:

- Medical evacuation travel orders
- Authorization for hospitalization, DS 3067 (FS-569) Post will issue if hospitalized overseas; MED will issue if hospitalized in the U.S.
- Valid passport and re-entry visa
- All pertinent medical records and x-ray films
- Valid immunization record for return
- Medical insurance information (company, policy & group numbers)
- Medical record release for the attending physician
- Airline tickets
- Sufficient funds and credit cards
- Supervisor informed of travel plans and dates

In extreme emergencies, a “hospitalized” plane will be obtained to medical evacuate a bedridden, critically ill patient to a medevac site. The Department of State uses the company SOS to transport patients. All US-contracted personnel, TDY employees, and visiting relatives and friends should have medical evacuation insurance prior to arrival at the overseas site.

### **Obstetrical Medevac**

Obstetrical medevac to the United States, authorized to any destination in the U.S., is **HIGHLY RECOMMENDED**. The best neonatal care in the world is in the US. It may not be possible to



medically evacuate to the United States a newborn with multiple congenital problems, even though he/she may need the treatment only available there. Expectant mothers should depart post six weeks before delivery. The mother and infant may stay in the US for up to six weeks post-partum. Up to ninety days of per diem can be authorized for the mother, six weeks before and after delivery. The infant receives half per diem for the six weeks post-partum. We look forward to welcoming your new infant to Post.

Those who elect not to deliver in the U.S. should contact the Health Unit. The alternative site will have to be approved by MED. MED will review the quality of maternal and pre-natal care available at the alternative site. Travel to non-US locations will be funded on a cost construct basis (based on the cost of flying to Washington DC). The amount authorized for per diem may also be limited, most probably to the Washington DC allowance.

### **Emergency Visitation Travel**

Emergency Visitation Travel (EVT) will be automatically authorized by Post (per the FAM) when a parent, child, or sibling has died. The HR officer at Post writes all EVT request cables. When a parent or child has a life threatening medical condition, MED/FP will contact the treating physician and hospital to review the seriousness of the medical condition. Family members in the United States need to alert the attending physician or hospital that a physician or nurse practitioner from the State Department Medical Division may contact them. A permission to release medical information should be signed by the closest responsible family member, if the patient is not physically capable of granting the release of information himself. To expedite matters, the family should ask the attending physician to contact the State Department medical staff at (202) 663-1662 EST, M-F 8:00 a.m. to 5:00 p.m., or (202) 647-1512 after hours with medical information. Should the family member wish to travel before receiving authorization for EVT, a repayment agreement may be signed.

EVT may be authorized for a member of the Foreign Service when stationed abroad to visit an eligible dependent "located abroad."

A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of the family member. Separate travel for death/interment, however, can be authorized.

In 2001 Eldercare EVT was initiated to allow an employee or his spouse travel in order to care for an incapacitated parent. An employee may use up to 12 weeks of sick leave to care for an incapacitated parent. Eldercare EVT is limited to two during the employee's career.

### **Alcohol and Drug Awareness Program (ADAP)**

The Alcohol and Drug Awareness Program is a diagnostic and referral service of the Office of Medical Services. The individual who seeks help for substance abuse is assured complete medical confidentiality. The individual's diagnosis and treatment plan become part of their medical record, not part of his personnel file. By federal law, counseling and/or treatment are in no way prejudicial to job security or promotional opportunities.

People in the Foreign Service enjoy no magical immunity from addiction. The Foreign Service is a microcosm of the general population and, therefore, the statistics that prevail nationally apply to the Foreign Service.

Alcohol addiction may not be apparent to the addicted individual. The addicted individual may be the last person to admit that a problem exists. Intervention is more often triggered by a spouse, who has noted a change in behavior, or a supervisor, who has noted a decline in performance. Statistics, both nationally and within the Foreign Service, indicate that the leverage possessed by the supervisor can have a meaningful impact on the individual's willingness to seek help. Supervisors are obligated to keep information absolutely confidential.

When considering whether alcohol addiction might be present, ask the following questions:

- Do you have an "eye-opener" in the morning?
- Do you drink to build up self-confidence or escape worries?
- Do you drink alone?
- Has drinking alcohol ever interfered with your work?
- Has alcohol affected your relationship with your spouse or family?
- Do you drink excessively or in binges?
- Have your colleagues or friends expressed concern about your drinking?

Many overseas sites have local alcoholic anonymous associations. For Spanish Speakers the following may be helpful:

**Address:** Fundasalva, 61 Avenida Norte #169, Colonia Escalón, just behind Pollo Campero  
**Office Hours:** Mondays and Thursday at 7:00 p.m.  
**Telephone:** 2298-2233  
**English:** None  
**Contact:** Ana Lucia Orantes  
Director of Administration and Finances  
**E-mail:** alorantes@ejje.com

While alcoholism is the most prevalent addictions among Foreign Service personnel, the availability of illicit drugs overseas has resulted in a burgeoning problem of drug abuse among dependent children. Drug experimentation occurs overseas, even as it does in the US. Parents should be aware that foreign nations often punish drug possession and use much more severely. Use of illicit drugs usually requires medical evacuation for appropriate treatment.

In all cases of medical evacuation for alcohol or drug dependency, the issuance of a medical clearance to return to post depends on the outcome of treatment, the commitment of the individual, and the availability at post of regularly scheduled English-speaking Alcohol Anonymous groups and other support services.

Effective intervention and professional treatment have resulted in hundreds of Foreign Service people returning to the professional mainstream in full command of their lives.

### **Family Advocacy Program:**

Family advocacy policies have been created "...To protect the physical and mental well-being of U.S. citizen employees and their spouses, children, and families stationed at posts abroad." These policies (3 FAM 1810) are founded in the Foreign Service Act of 1980 and the Victims of Child Abuse Act of 1990. Under current policy, the Deputy Chief of Mission is designated the Family Advocacy Officer. He works in conjunction with the Regional Security Officer (RSO) and the Regional

Medical Officer to make an initial assessment. The RSO promptly notifies Diplomatic Security in Washington, D.C. All USG employees are obligated to report incidences of suspected child abuse. Failure to report may be determined to be a criminal violation. "Good faith reporting" is immune to civil and criminal liability.

You can report suspicions to any member of the Health Unit with whom you feel comfortable, the Family Advocacy Officer (DCM) or the RSO. It is always a difficult event to report, but it is not a difficult issue for those charged with the investigation. These officers first await authorization from the Dept. of Security (DS) before proceeding with interviews and investigation. Medical officers provide medical treatment, as is necessary. Unless there are reasons to believe that the life or well being of the child is in immediate jeopardy, investigation of any reported event will await the action of DS officers. Information about child abuse is transmitted only on secure phone/fax lines and DS exclusive cable channels. Improper disclosure is subject to disciplinary action. In these circumstances, DS may be given access to medical records without the accused individual's permission.

Abuse is defined as physical or mental injury, sexual or labor exploitation, or negligence, i.e. the failure to provide adequate food, clothing, shelter, and treatment of medical problems. This definition does not include discipline administered in a reasonable manner and moderate degree.

Concerns about "inadequate parenting" may also be raised with the Family Advocacy Officer. This term refers to failure to provide adequate education, health, nutrition, and supervision. Parents are responsible for the child's behavior and actions, including truancy, theft and violence, and disruptive behavior in public.

Abuse of a spouse should also be reported to the Family Advocacy Officer, RSO, or medical officer. Unlike child abuse cases, these three officers will initiate the interview process to determine if there are enough grounds to contact DS. Evidence supporting abuse or a failure of the parties to cooperate leads to immediate contact with DS in Washington, D.C. via secure communication. The accused does have a right to legal consult. Absolute confidentiality is required and improper disclosure may result in disciplinary action. Neglect of an adult (spouse or parent) who is dependent upon an employee may also constitute grounds for investigation. All family advocacy case files are secured separate from medical records.

### **Mental Health Services**

The psychological well being of Foreign Service Officers and their families is an important aspect of the support and concern of the Office of Medical Services. As part of the State Department's Medical Services Program, there are eleven Regional Medical Officer Psychiatrists (RMO/P) serving overseas regions. The Regional Psychiatrist for US Embassy-San Salvador is stationed in Mexico City. The RMO/P provides individual, couple (marital), and family counseling, evaluation of children with learning disabilities and behavioral problems, intervention and guidance in problems involving alcoholism and substance abuse, facilitating access to treatment facilities in the US, and treatment of a variety of other psychiatric disorders.

The RMO/P determines when medical evacuation to the United States is necessary. Most patients with psychiatric and substance abuse problems will be medically evacuated to Washington DC. Medical evacuation for psychiatric reasons follows procedures similar to other medical evacuations, with an annulment of medical clearance until psychiatric consultants to ascertain that the individual can safely return to the overseas assignment.

## **AIDS Testing and Post-Exposure Prophylaxis**

HIV testing is part of the overseas medical clearance process and will be done routinely as part of the medical clearance examinations done by Health Units. All HIV testing is performed in the US at a laboratory designated by MED. Marine security guards also have HIV testing prior to departure, with specimens sent to a military laboratory in the US. Testing can also be done at anytime, when requested.

The DOS Medical Program offers post-exposure prophylaxis. Any employee or dependent, who is exposed to HIV through sexual contact, blood exposure, or needle stick, may request HIV prophylaxis. The treatment consists of taking Combavir (lamuvidine and zidovudine) for one month. Each individual will need to discuss the risks and benefits of treatment with a physician.

Medical evacuation to Washington DC for counseling, further testing, and additional treatment will be recommended.

Employees who test positive and have no evidence of immune suppression will be issued a limited clearance (Class II) for overseas duty. Employees with evidence of immune suppression will be disqualified from overseas duty (Class V). The RMO will be informed of all positive results after confirmation with M/MED/LAB by the checking of a second specimen of blood. The RMO will personally notify the patient and provide initial examination and counseling. MED has established very strict guidelines to protect confidentiality of positive reports, which will not be available to anyone without written permission of the patient.

On July 27, 2001 the US Department of State instituted a worldwide HIV/AIDS in the workplace policy, eliminating all pre-employment and in-service HIV testing for locally hired employees, emphasizing patient confidentiality, mandating broadened insurance coverage to include treatment of HIV-related illness, and recommending HIV education at all posts. The Post-Exposure Prophylaxis treatment program is available only to direct hire employees and their dependents.

All this world well knows, but none knows well  
To shun the heaven that leads men to this hell.



ENVIRONMENTAL HAZARDS

PRECAUTIONS

AND

SAFETY

## ENVIRONMENTAL HAZARDS AND PRECAUTIONS

### **Water**

All American families receive a quarterly allowance for bottled water. The allowance increases with the number of dependents. This water is believed to be completely safe for consumption. (Parents: note that the local bottled water does not contain fluoride. Please come to the Health Unit to obtain fluoride supplements. (See Appendix for recommended fluoride doses.)

Tap water in San Salvador is drawn from the Lempa River (well upstream from the site of the untreated sewage effluvium) and is treated at a 40-year-old water plant, pending completion of a new treatment plant. Tap water in San Salvador may be safe, but it has not been adequately or extensively tested. Tap water, therefore, should be boiled three minutes, distilled, or passed through a high-tech filter (the double-canister PentaPure brand has been widely used at Missions in Africa). If traveling in remote areas, filter the water with a high-tech system (as used by campers), boil the water, or add 4 drops of Clorox per quart and wait about 30 minutes before drinking. Unfortunately, chlorine does not kill the parasites giardia or cryptosporidium. Iodine tablets are no longer recommended, as repeated use can affect the function and histology of the thyroid gland.

When eating at local restaurants, always ask if the ice has been made from bottled water, and do not drink tap water.

Tub water does not need to be disinfected prior to bathing. If desired, heated bath water (usually 90 to 102 degrees Fahrenheit) can be easily disinfected with a small amount of Clorox (1 tsp for 4 inches depth; 2 tsp for 6 inches depth; 3 tsp for 9 inches depth).

### **Food**

Leafy vegetables (So difficult to clean thoroughly!) frequently carry gastrointestinal bacteria and parasites, since only very large corporate farms can afford to use chemical fertilizers. El Salvadoran produce is contaminated. However, Price Smart imports lettuce from Guatemalan farms, that export directly to the US. This produce, grown with chemical fertilizers and is safe to eat after washing thoroughly.

To increase your safety, it is recommended that all uncooked salad vegetables be treated in the following manner:

- 1) Wash thoroughly with tap water, and even soap spray, to rinse away dirt and pesticides;
- 2) Put 2 tablespoons of Clorox in a gallon of water and soak the vegetables for more than 20 minutes;
- 3) Rinse thoroughly with purified water.

Buy only pasteurized milk, cheese, and mayonnaise. Eating unpasteurized products risks exposure to tuberculosis, listeriosis, salmonella, and other serious bacterial infections.

El Salvador has a wonderful variety of fish and other seafood. While most seafood is safe to eat, oysters, mussels, and clams may be contaminated with bacteria and viruses at sites where untreated sewage flows into the sea. These items should be avoided.



The ways you can decrease the risk to yourself and your family fall into five categories:

1. Keep the kitchen clean.
2. Temperature is the single most important safety factor: Keep hot foods hot (> 140 degrees F) and cold foods cold (< 40 degrees F). If food is left out at room temperature four or more hours, it may spoil. (Buffets may be dangerous!) If defrosting foods overnight, leave them in the refrigerator, not on the kitchen counter.
3. Check all items coming into the kitchen:
  - a. Cans—Are they swollen, musty, leaking?
  - b. Frozen foods—Color change, dried out, extra ice on the package?
  - c. Meats/poultry/fish—Slimy, discolored, sticky, odor?
  - d. Eggs—cracked?
4. For storage, remember first in should be the first out.
5. Train domestic help in the proper handling of food and personal hygiene and surprise them with periodic unannounced spot-checks of their handling of food and water. Remind them to wash their hands after touching meats, poultry, and eggs and after use of the bathroom. They should not work if sick, especially if they have a respiratory illness, gastrointestinal illness, or open sores on their hands.

### **Diarrheas**

Traveler's diarrhea is not an inevitable rite of passage through the Foreign Service, but it is very common. While short term use of a preventative antibiotic has sometimes been advised for vacationers, use of antibiotic prophylactically is not recommended for FS personnel.

Bacteria diarrhea starts with ingestion of contaminated water or food. The following are typical sources: water (Watch out for ice cubes! Freezing does not immediately killed bacteria), uncooked vegetables, fruits that were peeled and sliced by someone else, eggs (including homemade mayonnaise) and poultry, and unpasteurized dairy products (which may carry tuberculosis!). The food is probably safe if it meets the "rule of P's:" peel'able, packaged, purified, or piping hot.

Food that has been left out for more than four hours without being kept hot (above 140 degrees Fahrenheit) or cold (below 42 degrees Fahrenheit) may become culture media for bacteria. As the bacteria replicate, they also produce toxins. These toxins are often not destroyed by reheating the food. "Food poisoning" is a common term used to describe the acute symptoms caused by these toxins. Four to eight hours after ingestion, there is the onset of repeated vomiting and watery diarrhea, which usually lasts 12 to 24 hours. Some seafood also contain toxins that cause marked vomiting and diarrhea, for about the same length of time.

Infected food handlers, who fail to compulsively wash their hands, may also contaminate food. Make sure that the housekeeper/cook at home washes his/her hands after using the bathroom, smoking (which shouldn't be permitted), touching the nose or mouth, and after handling eggs and poultry. Eggs and poultry frequently carry salmonella, so everyone who handles eggs and poultry should immediately wash his hands afterwards.

Because bacteria need a time to proliferate in the gut, it usually takes a minimum of eight hours, more often 48 hours, after the ingestion for the illness to start. Diarrhea is defined as three or more unformed stools within 24 hours. Some bacteria (such as cholera) have toxins that can cause

the bowel to leak large quantities of fluid, leading to dehydration. E.coli and shigella may cause bloody diarrhea.

Okay. So there was just a little dietary indiscretion—followed by frequent scampers to the bathroom. The abrupt onset of watery diarrhea, with or without nausea and vomiting, fever, muscles aches (like the flu), and a grumbling stomach is very likely an acute bacterial diarrhea. (Occasionally in adults, and commonly in children, these symptoms are caused by a virus rather than a bacteria.) To treat this disaster, first replenish fluids. Oral rehydration salts mixed in juice, Gatorade, Pedialyte, a self-prepared concoction of water with ½ tsp salt, ½ tsp baking soda, ¼ tsp salt substitute, 2 tsp of sugar or honey, or simply mineral water while eating saltine crackers, will suffice to restore some of the fluid and salts lost. Secondly, if running to the bathroom frequently, it is strongly advisable to also run to the Health Unit. The sooner an antibiotic can be started the faster the recovery. A three-day course of ciprofloxacin will rapidly reverse the course of the disease. If pregnant or less than 12 years of age an alternative antibiotic will need to be given. About three per cent may develop a minor side effect from use of an antibiotic and one in 10,000 will have a major side effect. If left untreated, the mean duration of diarrhea is 3.6 days. But about 10% of the time, a bacteria-caused diarrhea can last more than a week.

If the diarrhea resolves, but returns two to three weeks later, without nausea, vomiting, fever, or muscle aches, the patient should return to the Health Unit. The patient may have acquired an intestinal parasite at the same time as the bacterial diarrhea.

The most common intestinal parasites causing diarrhea among people living in El Salvador are Giardia lamblia, ameba (E. histolytica), and Blastocystis hominis, acquired from the same sources as the bacteria. These parasites generally cause soft to watery stools without fever, nausea or vomiting, or muscle aches. Intermittent abdominal cramping occurs. Ameba is the most serious of these three, as it can occasionally crawl out of the intestine to set up house in the liver, lung, and other areas of the body.

When a patient with a suspected gastrointestinal parasite comes to the Health Unit, it will be recommended that stools be taken to a local laboratory to identify the cause (there are some less common parasites that also may cause diarrhea—such as cryptosporidium, cyclospora, and isospora belli). Giardia is treated with a one-day course of tinidazole, but ameba and blastocystis will require two different drugs taken over 10 to 14 days, usually tinidazole and either paromomycin or iodoquinol.

At the time of final departure from El Salvador, any individual with an alteration in the pattern of his bowel movement should have stools sent for examination to look for parasites. If three stools are submitted, there is about an 80% chance of finding the parasite.

Don't let adventure travel also be accompanied by adventurous eating. Boil it, cook it, peel it, or forget it!

## DENGUE FEVER

Dengue fever is caused by a flavivirus (as are yellow fever and West Nile fever) transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes. The virus is maintained by the cycle of infection between mosquitoes and humans. There is no vaccine to protect against infection. There is no treatment to stop an infection.

During the past thirty years the world has witnessed an astonishing increase in the incidence of dengue fever. About 100 million people are infected with the dengue virus yearly, with more than 250,000 developing dengue hemorrhagic fever, and 25,000 dying from the illness. Dengue fever occurs in the tropics and subtropics, between 25 degrees north and 25 degrees south of the equator, which exposes about 2.5 billion people to dengue infection. The incidence of dengue fever in the Caribbean, Mexico, Central America, and northern South America has increased several-hundred fold in the past three decades. Urbanization, air travel, and inadequate mosquito control programs are factors promoting the spread of dengue fever. Dengue fever has become the second most common cause for hospitalization of tourists who have traveled to tropical areas.

The government of El Salvador reported that there were 2435 cases of dengue fever in the first six months of 2006, about a 30% increase when compared to the first six months of 2003 and 2004. This year about 3% of the people infected in El Salvador developed dengue hemorrhagic fever. The incidence in El Salvador is much lower than that reported in Costa Rica, which reported over 35,000 confirmed cases in 2005. Central American countries with a Caribbean coastline have higher incidences than El Salvador.

The *Aedes* mosquito prefers human blood, has an almost imperceptible bite, can bite several people to complete a single blood meal, and feeds any time day or night. The *Aedes* mosquito is like a flying syringe, ready to inject you with dengue fever. It breeds in clean, calm water. The female can lay up to 1500 eggs at a time.

Typically, the incubation period after a mosquito bite is 4-7 days (range 3-14 days). Symptoms include high fever, headache, muscle and joint aches, which led to the dengue's nickname—"bone break fever." Sometimes sore throat, nausea, and vomiting occur. A red, measles-like skin rash may begin 2-4 days after the onset of fever, spreading from the trunk to the face, arms and legs. Small purplish spots (petechiae) may occur, usually in the arms and legs. The illness typically lasts 1-2 weeks. Occasionally, the fever may subside and recur ("saddleback fever").

The diagnosis of dengue fever is based on antibody testing. It usually takes 4-5 days for the antibody test to become positive. Diagnosis by viral culture and polymerase chain reaction testing are not available in El Salvador.

Medical treatment of dengue fever is largely limited to fluid replacement and medications to lower temperature. Do not take aspirin as it can initiate and prolong bleeding. DHF is sometimes treated by infusion of platelets and plasma to try to stop bleeding.

Currently, the best approach is prevention. The following measures are strongly recommended:

- Use insect repellents liberally, both when indoors and outside.
- Wear protective clothing, such as long sleeve shirts and pants.
- Screen all windows. Use mosquito nets when staying where there are no screens.
- Eliminate standing water, which allows mosquitoes to breed:
  - ✦ Empty containers that contain water;
  - ✦ Change the water in vases daily;

Make sure all drains are clear and running freely.

DEET is very safe and extremely effective in keeping mosquitoes from biting. (*OFF*, containing about 7% DEET is sold in most grocery stores in San Salvador.) Picaridin (sold as *Autan Repel* or *Cutter Advanced*), also in a 7% solution and seemingly very safe, also provides extended protection against mosquitoes. Most the “organic” repellents provide less effective and shorter duration of protection. Despite reluctance among many Americans to use insect repellents, in El Salvador they are essential to reduce the opportunities for mosquitoes to transmit the dengue fever virus.

### **Traffic Accidents**

Motor vehicle accidents are one of the leading causes of death among Foreign Service personnel overseas. According to the Economist (April 17, 2004 issue), in 2003 El Salvador had the second highest reported auto accident death rate among all countries of the world. Outside of the urban area of San Salvador there may be no rapid emergency response services.

**Always** wear a seatbelt. Seat belts and child safety seats provide the single greatest margin of safety in an accident. Children should be in car seats until they weigh at least 40 pounds. Because of potential injury from airbags, infants in car seats placed in the front seat should face the rear. It is safer to keep children in the back seat. When traveling in official government cars, the use of safety belts is required by 6 FAM 617.4.

Never drive when inebriated, when taking medications that cause drowsiness, or when excessively tired. A blood alcohol level of more than 0.1 gm/L increases the risk of death in an accident five fold. It is better to decide not to drive if you have one of the conditions listed.

Do not fiddle with the tape deck, CD player, or cellular phone while driving. Recent studies have confirmed an approximately ten-fold increase in auto accidents while using a cellular phone. Pull off the road, if you need to make a call.

Speed does kill. Drive cautiously, defensively, and unemotionally at moderate speed to reduce the risk of accident, the severity of injury, and the risk of death. Reducing speed also decreases

the risk of vehicle vs. pedestrian accidents, allowing time to stop or swerve to avoid a collision. The fatality rate increases with the speed with which a adult pedestrian is hit: 5% at 20 mph, 40% at 50 mph, 80% at 40 mph, nearly 100% at 50 mph.

When an accident is imminent, one professional driver offers the following tips: always dodge to the right away from oncoming traffic; drive off the road rather than skid; given a choice, aim for the softest item—strike something going the same direction rather than something stationary, hit something stationary before hitting a moving car head-on, and never hit anything head-on, but rather try to make it a glancing blow.

Finally, expect incompetence and insanity from the other drivers. Don't let them distract or upset you.

### **Water Safety**

Drowning is the second leading cause of accidental death in the US for persons between the ages of 5 and 40. Among FS personnel drowning has occurred at both pools and beaches. FBO recommends fencing around all home pools to prevent unsupervised child access and drowning.

In El Salvador there are strong undertows, currents, and rip tides that can endanger even the strongest and most experienced swimmers. The waves and currents are highest and most dangerous in March, April, and May.

Diving head first into shallow water can cause serious injury to the spinal cord with paraplegia. Spinal cord injuries from diving exceed the total number of spinal cord injuries from all other sports combined.

From May to October there are numerous thunderstorms in El Salvador. Never swim during a thunderstorm. Whether in the ocean, a pool, a lake, or a hot tub, when it begins to storm, get out immediately.

#### *Water Safety Tips*

- Never swim alone. Always swim with a buddy.
- Never leave a child unattended, even if a lifeguard is present.
- Never swim in a thunderstorm.
- Avoid beaches with strong undertows and currents.
- As soon as children are capable, teach them water safety and swimming. Do not rely on flotation devices.

### **Heat and Sun Exposure**

El Salvador can be hot and humid! When heat is excessive, there is the danger of heat-related illnesses (heat cramps, heat exhaustion and heat stroke). To alleviate heat cramps, stop the activity, stretch muscles, and drink fluids with re-hydration salts, such as Gatorade. Heat exhaustion is associated with dehydration and can be prevented by adequate fluid intake. Heat stroke usually occurs during vigorous exercise in very hot weather and may occur suddenly. There is an abrupt de-regulation of body temperature, resulting in extremely high fever, loss of consciousness, and seizures. Those engaging in strenuous physical activity, especially at mid-day and when unaccustomed to vigorous exercise, need to be aware of "overheating." Stop the

activity to drink fluids and cool down before heat stroke strikes. Persons with heat stroke require hospitalization.

Sun exposure causes not only a tan, but also may ultimately result in sun-damaged skin and skin cancer. Between 10:00 a.m. and 3:00 p.m. cancer-causing ultraviolet rays are most fierce. Cover your skin and wear a hat with a brim and apply sunscreen with a SPF factor of at least 30 to exposed areas, particularly the face and ears and use lip balm with sunblock. If swimming or sweating, re-apply sunscreen repeatedly.

### **Scuba Diving**

The number of Foreign Service personnel who scuba dive has increased tremendously in the past ten years. It is a high-risk sport. Everyone should have a medical clearance prior to scuba diving. Fatalities have occurred from drowning, particular among those with pre-existing serious medical conditions, such as asthma and heart disease.

Decompression Illness (DCI) occurs when individuals fail to follow the rules limiting times at certain depths. DCI causes “the bends” (severe joint pain when air bubbles enter joints), “the chokes” (bubbles blocking blood flow to through the lungs), “niggles” or “creeps” (bubbles into the skin), and the “staggers” (bubbles to the central nervous system causing stroke and spinal cord injury). Bending elbows, knees, and other joints lessens the pain. Driving to high altitude or flying within 24 hours of scuba diving increases the risk of nitrogen bubble formation.

The following guidelines should be observed whether you are a beginner or a seasoned, certified diver:

- Before each dive, the diver must review his or her medical condition in terms of any possible factors that would increase the chance of problems.
- Persons who have a condition causing recurrent lapses of consciousness (seizures, heart arrhythmias) should not scuba dive.
- Diving is absolutely contraindicated during pregnancy. It carries a small risk for the mother; a large one for the fetus.
- The diver should not simply dismiss seemingly “minor symptoms” of DCI like disorientation, fatigue, minor joint pain, or mottled skin. See a physician. Entry into a barometric chamber may be necessary.
- As a rule of thumb, wait 24 hours between your last dive and an airplane flight.

### **Earthquakes**

San Salvador is located in the “Valley of the Hammocks.” Earthquakes are common. Major earthquakes in 1986 and 2001 caused extensive damage.

In preparation for the possibility of an earthquake, each residence has a monthly allowance of potable bottled water and a water cistern. Every house has smoke alarms and a fire extinguisher. Households should also consider keeping

- A bottle of Clorox to purify water; pots for boiling water; buckets for catching rain water
- An emergency supply of food
- Tools (for turning off gas lines)
- Flashlights and batteries (You may find yourself in the dark!)



- Sleeping bags and a tent
- An outdoor grill or camping stove and matches
- Soap and toilet paper
- Heavy duty garbage bags
- A battery-powered radio
- A first aid kit and first book

Household members should know how to turn off the electricity, gas, and water.

#### During an earthquake

- Take cover under a desk or table.
- Use pillows or other item to protect your head.
- If in the shower, sit down.
- If in the kitchen, turn off the stove and move to a safer location.
- Move away from glass doors, large windows, mirrors, file cabinets, bookshelves, any object that might fall.
- Stand in a doorway—unless it has brick or tiles that might fall.
- Do not rush outside. There is a risk of falling debris.
- If outside, move away from buildings, power lines, and trees. Do not attempt to touch or move fallen power lines.
- If driving, stop, pull to the side of the road, but drive from under an underpass and do not stay on a bridge.
- Turn the Embassy radio on to the E & E channel, and listen, but do not call in unless you have an emergency.

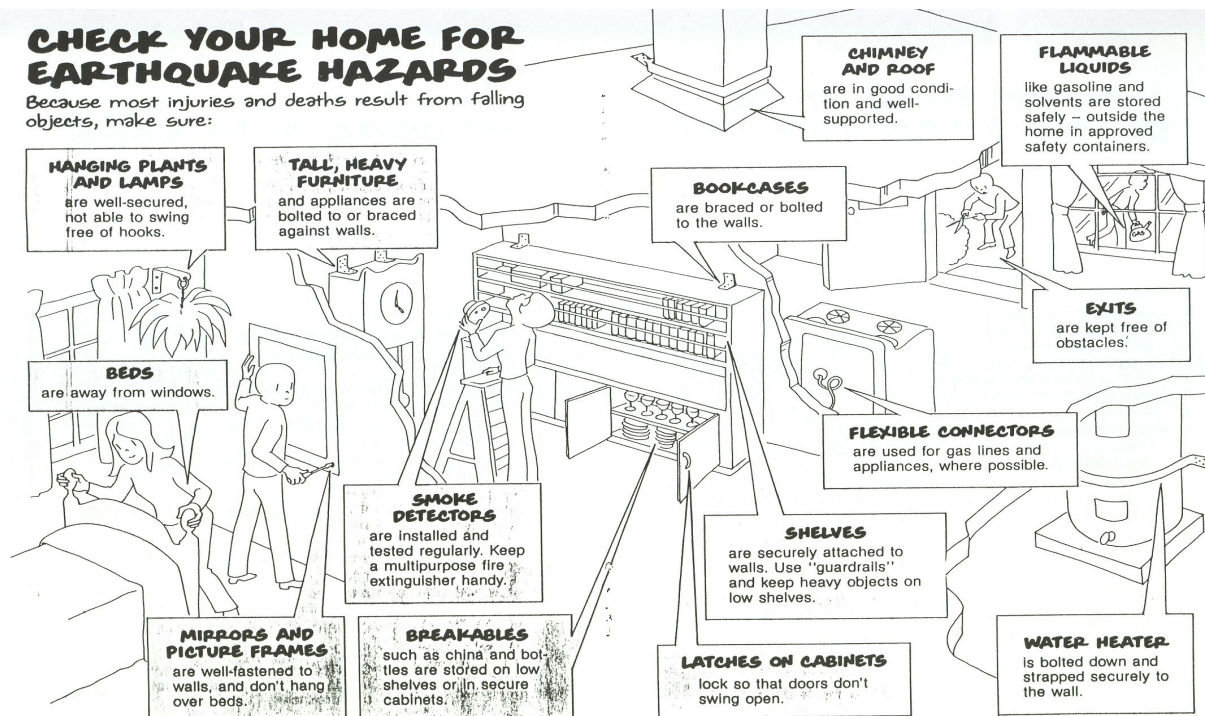
When at the US Embassy, employees should “duck and cover” until the earthquake stops. Afterwards, secure all materials and turn off computers. Prepare to evacuate the building, but wait until instructed to do so. Do not use the elevators. Use the stairs, but do not precipitously rush down the stairs. If the earthquake has triggered fire or smoke, call the Marine Security Guard immediately (ext. 2315/2316/2317). Floor wardens are responsible to account for personnel and help personnel evacuate the building. The chancery and USAID buildings in San Salvador have been designed to meet level 4 (major) earthquake standards.

#### After an earthquake

- Assess your situation. Administer first aid, if needed.
- Wear thick-soled shoes to protect your feet.
- Shut off the electricity and gas. Do not light matches or trip circuit breakers in the house until it is certain that there are no gas leaks.
- Check to see if the water and gas mains and the electrical installations have been damaged.
- Use caution when opening cupboards and closets.
- Do not use the toilet until certain that the sewer lines are intact.
- Consider moving to an outside space. There may be many aftershocks!
- Turn on the radio and listen for information.

## CHECK YOUR HOME FOR EARTHQUAKE HAZARDS

Because most injuries and deaths result from falling objects, make sure:



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## KNOW WHAT TO DO DURING AN EARTHQUAKE

Keep these 2 rules in mind:

**1 STAY CALM**

**2 TAKE TIME TO THINK**

### IF YOU'RE INSIDE:

- STAY inside.
- GET AWAY from windows, bookcases, appliances, chimneys and mirrors.
- TAKE COVER in a "safe spot" - under a sturdy table, desk, door frame or in a corner.
- CROUCH and PROTECT your head.
- DON'T USE elevators - stay on your floor.
- DON'T RUSH for exits if in a store or theater.



### IF YOU'RE OUTSIDE:

- STAY outside.
- MOVE to an open area - away from buildings, trees and power lines.
- TAKE COVER in a doorway away from overhangs, if you're on the sidewalk near buildings.

### IF YOU'RE IN A CAR:

- PULL OVER and stop.
- DON'T STOP on or under bridges, underpasses or power lines.
- STAY inside the car.



## TURN OFF YOUR UTILITIES SAFELY

if you suspect any damage or leaks.

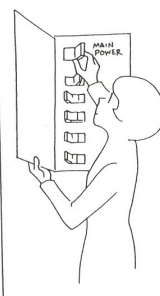
### GAS

- OPEN windows.
- DON'T USE matches, telephone or light switches.
- SHUT OFF main valve - usually next to meter.
- LEAVE home if there's a leak.
- CONTACT the gas company, using a neighbor's phone.
- DON'T REENTER your home until the gas company says it's safe.



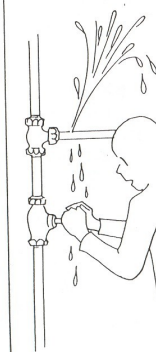
### ELECTRICITY

- SHUT OFF main switch. (Leave on if you suspect a gas leak.)
- DON'T TOUCH broken or downed lines, damaged appliances.
- CONTACT the electric company (use neighbor's phone if you suspect a gas leak).
- DON'T USE electricity until the electric company says it's safe.



### WATER

- CHECK sewage lines before using toilet.
- FILL bathtub or other container with water in case service is disrupted.
- SHUT OFF water at main valve (where water enters home) - if you suspect any damage. Be sure to shut off water heater, too.



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## **Rabies**

El Salvador does not have a vigilant animal rabies vaccination program. Consequently, the risk of being bitten by a rabid dog or cat is much higher than in the U.S. Some wild animals are also infected with rabies.

Rabies is a lethal viral disease. The virus travels in nerves from the bite site to the brain. Young children, who often like to play with pets, may get infected after minor bites and scratches and not report the injury to parents! The Health Unit recommends that all children under ten years of age receive that three-shot rabies vaccination series. The modern rabies vaccine is safe and effective.

If a stray dog or cat bites an individual, breaking the skin, he should immediately notify the Health Unit. Any person sustaining a bite from an animal should immediately:

- Clean the wound thoroughly with soap and water.
- Impound the animal, if possible, so that it can be observed.
- Obtain post-exposure rabies treatment.

If the bitten person has had the pre-exposure rabies vaccinations, then only two booster shots are required. If exposed individual has not had the pre-exposure anti-rabies vaccinations then he will require injection of rabies immune globulin into the wound site and intramuscularly and a five-dose rabies vaccination series.

In summary, teach your children to avoid stray animals; do not adopt stray pets; pre-exposure, obtain rabies vaccinations for your young children; notify the medical duty officer immediately if ever bitten or scratched by a animal that is not known to be up-to-date with its rabies vaccinations.

## **Insects, Scorpions, and Snakes**

El Salvador has only two potentially lethal insects: the black widow and brown widow spiders. (The brown widow's venom is 1/10<sup>th</sup> as potent as the black widow's.) Other spider bites simply cause an area of skin redness, swelling, and pain or itchiness. Tarantulas live in El Salvador, but these very large spiders are not lethal. Fire ants bite, inject mild venom, and leave a mark similar to a spider bite. If you have an insect problem at your home, contact GSO.

Scorpions have frequently been found in a number of mission residences. They are not aggressive, but will sting if threatened by a human nearly stepping on them. The scorpions found in El Salvador are not terribly poisonous. The sting may leave a mark similar to a spider bite. The more poisonous varieties are found in Mexico.

There are 57 varieties of snakes in El Salvador and seven poisonous ones. The poisonous snakes include the vipers, rattlesnake, and the coral snake. If bitten by a poisonous snake, limit activity and have someone take you to the hospital as soon as possible. Most hospitals, including Hospital de Diagnostico, have anti-venom. Up to this time, no poisonous snake has bitten an official American.

## Air Travel

“We all know the symptoms: a dry throat, sore eyes, stiff back, cramped muscles, throbbing head. It comes from sitting for hours in a cramped seat, designed for vertically challenged circus performers, a meal tray that you can’t get down over your stomach when the guy in front rams his seat back. Plus low humidity (0 to 15%), and a lack of fresh air—airlines instruct their pilots to turn off air conditioning packs to save fuel.... Well-being in the air depends a lot on the quality of air in the cabin (at least 50% of which is being re-circulated). And this can depend on the efficiency of catalytic air filters, which remove harmful ozone (a short, hard cough is typical of ozone—along with eye discomfort, nose and throat irritation and headache) and high levels of carbon dioxide. Oxygen shortage can lead to euphoria, behavioral changes, memory impairment, and lack of judgment and physical incoordination.” (Taken from Roger Collis’ article in the International Herald Tribune.) Riding in business class does not change the air quality.

Because of cabin dryness, it is strongly recommended that alcoholic and caffeinated beverages be avoided, as these will increase dehydration. For flights four hours or longer, passengers should perform exercises and walk about the cabin to avoid stagnant blood in the legs, which can result in clot formation and, potentially, the serious problem of clots floating back to the lungs (pulmonary embolism). The following is a typical exercise program that you can perform in flight:

Begin by spreading and curling the toes repeatedly (which means 5-10 times for each of these exercises). Then hold the feet in a sustained foot up position, then a sustained foot down position, followed by a circular motion of each foot. Tap the carpet ten times with each foot. Now stand up, place your hands on the seat in front of you, and stand as high as possible on tiptoes and sustain this stretch, briefly. Then alternate standing on toes, then heels about five times. Now walk in place for a minute. Relax. Then suck in the stomach and pull in the buttocks in a sustained effort. Hold it, then relax. Repeat.

Sit down. Stretch the upper back muscles by lifting your chest forward and arching the shoulders backwards. Sustain briefly, then relax. Roll each shoulder backwards several times. Now press the shoulders against the seatback while breathing in, and then relax the shoulders while breathing out. Repeat. Now try the same breathing in and out while contracting the abdominal muscles. Then relax. Now circle each leg separately several times. Relax.

Reach overhead, stretching upwards and breathing deeply. Repeat. Now lift first the right, then the left shoulder toward the ear. Then place your hands behind your head and press the head and neck back against taut, locked hands. Take three deep breaths. Now forcefully press the head against the seat and sustain effort briefly. Relax. Rotate each shoulder backward in a circular motion for a few moments. Now stretch neck muscles by laterally tilting the head to try to touch the ear to the shoulder. Hold this position, then relax and do the same on the other side. Raise the arms overhead and circle them like branches blowing in the wind. Breathe and relax.

Stand up. Arch the back, pull in the abdominal muscles, and tighten the buttocks. Relax. Four deep breaths and walk in place briefly.

If your flight seems endless repeat this exercise routine several times.



## **Culture Shock**

Many people assigned overseas are surprised and dismayed to discover that the cultural differences can result in feelings of disorientation that range from subtle symptoms to more alarming reactions. These responses may be evident in employees and their dependents regardless of the number of previous overseas tours and despite their obvious positive anticipation for working and living in a foreign country.

- Vague feelings of being lost in a strange environment
- Feelings of frustration and anxiety within six months after arrival
- Feelings of overwhelming need to isolate oneself from the environment
- Experiencing feelings of hostility and aggressiveness towards the host country and its culture
- Rejection of the host's country's cultural values and beliefs and assumptions while comparing them unfavorably to the American way of life

Many of these vague feelings or responses are a normal reaction to a new and different way of living and working. These feelings may temporarily interfere with development of a more healthy perspective. When available, participate in cross cultural orientation programs, specifically focused on adjustment to that particular country.

## **Stress**

Man has been stressed since his beginning. Evolution cultivated his responses: fright, flight, fight. The cowering protective posture of fright is now overlaid with security systems, emergency drills, and communication systems. Escapism continues to be a popular choice in this modern age, but it is not always an option. In modern life, the counterassault is an organizational plan of technological wizardry, aimed at dispelling problems. Despite this sophistication our basic human responses have not changed.

With acute stress there is a sudden surge of adrenaline and corticosteroids, which heighten alertness, sharpen physical responses, and focus attention. These abrupt changes have helped us survive and succeed. However, some of these responses can annoyingly interfere with our efforts: tremor, hyperventilation, palpitations, sweating, insomnia. Nevertheless, these acute signs of stress usually quickly dissolve when the stressful event ends.

Prolonged exposure to excessive stress is never beneficial. The acute stress mechanisms burn out. The adrenaline no longer surges and the chronically elevated steroids accelerate atherosclerosis, osteoporosis, and the loss of memory cells. Lack of sleep, failure to attend to nutrition, exercise and other needs, and the absence of "down time," leads to a nose-dive in performance, poor judgment, irritability or emotional indifference, and chronic fatigue. Headaches, ulcers, colitis, flare-ups of asthma or eczema, major depression, and recurrent panic attacks finally force us to see the doctor. With these problems our bodies inform us that we were under more stress than we were willing to admit and, whether we like it or not, we are now going to have to do something about it.

How well and how long we are going to be able to cope with stress depends upon how physically and emotionally fit we were prior to the stress. Routine exercise, regular sleep, balanced nutrition, and regular medical check-ups help protect us. Learning to balance work and play, personal growth and social activities, limitations and goals, are essential to cope long-term with life's many difficulties.

Situational stresses, such as moving to a new post or a new job, may suddenly unbalance us. We are jettisoned into conditions that may disrupt our normal patterns, tearing off the security blanket of the comfortably familiar that we created. The primary urges of fright, flight, and fight churn within us.

In El Salvador there are plenty of possible stresses: fears about security, inability to understand the language, limited social outlets, lack of privacy, inescapable personality conflicts, separation from family and friends. Then the new environment may add a variety of small annoyances that heighten frustrations: another pothole, another request from the household staff for money, a pushy vendor. Often more important, however, are the stresses that are brought with you: unobtainable expectations, financial concerns, marital conflict, lack of self-esteem, sense of isolation, inability to define limits and goals, inability to talk with a supervisor.

So whose problem is all this stress? It's yours (and perhaps no one else's). You cannot simply continue with business as usual. The sense of threat, failure to comprehend, inability to cope, and uncertainty force us to stop, consider, and choose options. To continue under stress will probably lead to physical or emotional illness.

Here are some guidelines:

- Be proactive. Don't continue as the victim of the situation. Do something to change it or make it better.
- Balance work and play. If you have to plan to be working at the same job for a long time, you need to meet your physical and emotional needs.
- Resolve conflicts through communication. Whether at work or home, if you don't talk about it and create understanding, you will remain isolated and burdened.
- Assess expectations and goals—and adapt. Realistically, is what you want and what you expect of yourself both possible and reasonable? What is your job? How can you make your home life happier? What new social activities would be fun?
- Maintenance of good health is essential to tolerate stress. Treat illness promptly and maintain good nutrition.
- Americans often become chronically sleep deprived. Make sure that you get the sleep that you need. Everyone does better when rested.
- Regular exercise maintains the stamina for every day living and may ultimately improve your quality of life. It is certainly a way to burn up frustrations and limber up the knots of tension. Exercise also helps control weight, lower cholesterol, and lower blood pressure, and liven up your dancing.
- At home, communicate with your spouse and children and respect each person's need to be an individual.
- At work, determine what is important. Plan, prepare, meet weekly goals, define limits, communicate with your supervisor and staff, and take a break when necessary.
- Socially, get to know people. Take a new person to lunch each week (and eat slowly) and participate in community events.

In the Foreign Service we may strongly sense that we are a part of a small, relatively fragile community. If the community is placed under stress, each individual shares in it. We must support



each other, as there is no one else at hand. It is best to develop that support long before a crisis arrives.

## **Insomnia**

Jet lag, new climates, new schedules, too much work, too many worries all interfere with sleep, that wonderful sensation of suspending consciousness. Actually, sleep is a very active brain process, directed by neurons that require the proper balance of neurochemicals. Sleep is a vital and essential process of renewal for all mammals.

Without sufficient sleep, you may feel mean and ugly in the morning and the whole day is jaundiced by fatigue, negative mood, and impaired performance.

A variety of medicines can disrupt sleep. Caffeine, mefloquine, diet pills, asthma medications, and fluoxetine (Prozac) can prevent sleep from occurring. Alcohol induces sleep but impairs the quality of sleep and induces early morning awakening (and the need to scamper to the bathroom in the wee hours).

Psychological problems, such as depression and anxiety, are very frequent causes of insomnia, leading to nights of tossing and turning. There are also a variety of medical disorders, such as hyperthyroidism, sleep apnea, and restless legs syndrome that can disrupt sleep.

Jet lag disrupts the diurnal hormonal shifts as well as the brain's sleep-wake cycle. It's always worse going West to East, because travel East shortens the day. (It's not just because you're returning to work.) If flying East, avoid early morning meetings. After arrival, get out into the sunshine (what a great excuse to go to the beach!), as the bright light will help reset your internal clock. It takes about one day per hour time zone change to fully adjust. From Washington to Moscow, it may take a week. Evolution never envisioned jet travel.

The following are some suggestions to dissipate insomnia.

Go to bed.

Go to bed at the same time each day and get up at the same time each (i.e. don't create your own jet lag!).

Exercise regularly (minimum of three times per week) to reach the point of physical, as well as mental exhaustion.

Use the bed for sleep: Don't bring your work to bed (but a very dull book is often helpful).

Start the process of sleep with an unwinding period. (Your brain doesn't have a light switch.) Leave your work and arguments behind. Take a hot bath. Pamper yourself.

Make sure that the bed is comfortable and the room is quiet, dark, and at a comfortable temperature. The best temperature is a notorious spousal dispute. (You may need earplugs if the AC is noisy.)

Don't drink caffeine or alcohol in the evening. (Look out! Caffeine is added to many medicines, particularly headache medicines.)

If you lie in bed more than a half hour and feel wide awake, get up, and return to bed when you are sleepy. You can't make yourself fall asleep.

The first principle of sleep is that the longer the stretch of time that you are awake, the greater the likelihood of falling asleep. Poor sleepers may try to spend more time in bed to compensate for their lack of sleep, a strategy that usually results in going to bed too early and waking up in the middle of the night. Instead, limit your time in bed. If you have been sleeping only five hours, do not spend eight hours in bed. If you can't sleep, reduce your sleep time to five hours. Sleep deprivation should result in quicker sleep onset and more profound sleep. Add fifteen to thirty -minute increments of sleep time as sleep improves. Get up at the same time each morning no matter what time you went to bed. Don't give up exercise even though you may feel tired. (Because vigorous exercise increases wakefulness for several hours, it should be done at least three hours before bedtime.)

Occasionally, medication is required to induce or sustain sleep. One should always use the lowest dose of a short acting medicine and use it only intermittently, not nightly. Over-the-counter sleep medications, such as Nyquil and Tylenol PM, contain anti-histamine, which cause drowsiness, but generally prevent good quality sleep. Melatonin (2 to 3 grams) taken three to four hours before bedtime smooths the transition into sleep and lessens jet lag, but its effect is mild. Zolpidem (brand names Ambien and Stilnox) is a good choice in sleep medication, as it allows the full spectrum of sleep to occur and seldom causes morning drowsiness or memory impairment (such as all the valium-related medications (e.g. Dalmane, Restoril, Halcion)). If depression is the cause of insomnia, a physician made prescribed one of several antidepressants that have the beneficial side effect of inducing sleep.

Pleasant dreams.

# Preventative Health



## PREVENTIVE HEALTH

### **Exercise**

Remember, when it comes to exercise, doing something is far better than doing nothing. The largest benefit in decreasing risk of stroke and heart attack comes from **regular, moderate** exercise, such as walking. Forty minutes of walking three times a week can decrease risks by 40%! Make cardiovascular exercise decrease cardiovascular risks.

Nearly every person at post can exercise. What is most important is to find a form of exercise that you will enjoy and continue. Don't be a "weekend warrior," who gets injured because he puts out 110% on Saturday, after doing nothing but sit at his desk all week. Consider swimming and walking during the week, then golf or tennis during the weekends.

Motivation comes from within. The Health Unit can provide the education and incentives, but you must have the vision, perseverance, and patience. The Health Unit can describe the benefits, but you must create the goals. Expectations may affect your participation in an exercise program. Don't be discouraged because others seem to exercise with more ease. They may have been exercising regularly for a long while. Go at your own pace. Remind yourself that regular exercise will improve your health, your physique, and your mood.

To start a walking program you just need a pair of comfortable shoes. Make walking fun. Walk with a friend, adding some conversation. Walk regularly, even if your friend can't make it. Walk a little faster than you would normally walk. Prior to beginning your walk, do a few warm up exercises to avoid straining a muscle or tendon. Consider doing stretching exercises daily, even when you do not exercise, to maintain flexibility.

Parents! Keep your children physically active. If exercise is started during adolescence, children are much more likely to remain physically active throughout their lives. Studies have documented that girls, in particular, stop exercising. Less than 7% of Caucasian and less than 1% of African-American girls are still exercising by the age of 18 years. Reverse this couch potato trend and you may stop the obsession with dieting. Developing athletic skills—swimming, tennis, golf, scuba diving, dancing—will provide ongoing joy to your children throughout their adult lives.

Regular exercise promotes a more ideal weight, prevents diabetes, lowers blood pressure and cholesterol levels, reduces anxiety and depression and induces psychological well being, and delays osteoporosis. As Hippocrates wrote about 400 BC:

"If we could give every individual the right amount of nourishment and exercise, not too much and not too little, we would have found the safest way to health."

### **Nutrition and Dieting**

In surveying the overseas Foreign Service population, the Office of Medical Services documented that personnel and their dependents exceed the US prevalence of obesity and inactivity, which

is at epidemic proportions in the US. Yet on any given day in the US over 50% of women and 30% of men are dieting.

Review your eating habits. Consider whether you are following a moderate, well-balanced, healthy diet, then significantly reduce the number of desserts and high fat dairy products (ice cream, butter, cheese, chocolate—all those foods that melt in your mouth). Bake, broil, or boil, rather than fry foods. Don't walk away from the table feeling overstuffed.

When choosing a diet, select one that you can adhere to for a long time. There is no point quickly losing weight then regaining it just as rapidly. Remember that losing excess weight and maintaining an ideal weight can be done only with lifestyle changes that include a low fat diet and regular exercise. It is almost impossible to lose weight without exercising regular! If you choose the Atkins, South Beach, or Zone low carbohydrate diets, limit these diets to less than 12 months, as these diets include too much fat and high cholesterol foods. From the medical, and perhaps the gastronomic, point of view, the Mediterranean diet is the best. It is associated with reduced rates of coronary artery disease and cancer. This diet is characterized by a high intake of vegetables, fruits, nuts, cereals, moderately high percentage of fish, very limited meat and poultry, low intake of diet products, use of olive oil rather than butter, and a glass of wine with dinner.

For some people, adverse genetics create very high cholesterol levels. Starving and extreme exercise efforts can still lower cholesterol significantly in these people, but often neither is acceptable, sufficient, or practical. These individuals should come to the Health Unit for treatment. The "statins" (Lipitor, Crestor, Zocor, Pravachol, Lescol, and Mevacor) dramatically lower cholesterol with very low risk of side effects.

Women have special dietary needs, such as folic acid during pregnancy, calcium to delay osteoporosis, and iron supplements to combat monthly blood loss. They need to consider these issues when dieting.

### **Smoking and Tobacco Use**

Smoking is associated with wrinkles, gum disease and caries, bad breath, coughing and morning phlegm, much higher risks of respiratory infection, lung destruction leading to emphysema, peptic ulcer disease, marked increase in the incidence of heart attack and stroke, a variety of cancers, lung cancer most notably, but also bladder and gastrointestinal cancers, higher rates of Alzheimer's disease, much shorter lives, and the list goes on and on. It costs money—hundreds of dollars per year. How can it make any sense to smoke cigarettes? Simply because "we like it?" And why do people "like it?" It is an addiction—one of the strongest addictions known to man. Curiously, it is the only strongly addicting substance that is legally sold. Once hooked, each smoker is paying the cigarette company a weekly tax, just like the heroin addict to his supplier, because he can't stop, even though he knows that it is bad for his health and his pocketbook.

Parent! In recent years the cigarette companies have focused their advertisement and sales on teenagers. These companies know that adolescents are the most susceptible and the most unsuspecting. Teens think that they will always be able to stop whenever they want. They don't understand that smoking addiction is, indeed, an addiction very difficult to stop, once

started. The cigarette companies also know that very few people begin smoking after age 25. So do not let your children start smoking, not ever.

If you are a smoker, remember that “second-hand smoke” can affect pregnant mothers, affecting baby growth rates, affect infants and young children, increasing the risk of infections and decreasing the rate of growth, and with long exposure, expose a spouse to all the same risks of disease that the smoker himself has, as listed above. If you can’t stop yourself, protect your children. Prevent exposure to smoke and never let them light a cigarette.

### **HEALTHY LIFESTYLE BEHAVIORS**

Wear seatbelts  
Use sunscreen  
Apply Insect Repellent  
Buddy system when swimming  
Safe sex  
Healthy eating  
Exercise  
Wear bicycle helmets  
Use protective equipment when skateboarding or skating  
Caution when crossing streets—traffic does not stop  
Learn to play  
Laugh  
Don’t smoke  
Drive defensively  
Be alert to surroundings—crime, violence, and safety hazards  
Avoid injuries



## First Aid

**CPR:** Remember the ABCs—airway, breathing, circulation.

Is the person speaking or responding to voice or gentle shaking?

Yes—Then he is breathing and his heart is pumping well.

No ---Check for breathing using the look, listen, feel technique.

Is he breathing?

Yes—Turn him on his left side, if there is no head, neck, or back injury or hip fracture.

No ---Use the head tilt, chin lift technique and reassess breathing. Give two slow breaths and check the pulse.

Is there a pulse? (Check the pulse in the neck, or, if less than 1 year old, the upper arm.)

Yes—If the victim is moving, assume that the victim has a heartbeat and pulse.

No ---If no movement or pulse, begin chest compression.

Recommended respiration to chest compression ratios:

Age years	Airway clearance	Pulse check*	Respiratory ratio	Chest Compressions	
				Rate	Depth
0-1	chest thrusts & back blows	brachial artery	1:5	100	½-1”
1-8	abd thrusts	carotid	1:5	100	1-1 ½”
>9	abd thrusts	carotid	2:15	100	1 ½-2”

\*Pulse is checked for a time of not more than 10 seconds. If hypothermia is present, the pulse may be checked for as long as 45 seconds.

Continue CPR until

- the victim is revived
- a medical team arrives to assume care
- you are exhausted.

Drowning victims may regurgitate/vomit seawater. When this happens, roll the individual on his left side and clear the mouth. Then resume CPR.

### **Choking**

If a person is choking and unable to cough or speak, ask them if they need help, then perform the Heimlich maneuver. (The Heimlich maneuver is done by standing behind the victim, wrapping your arms around him, placing a fist in the upper abdomen (above the belly button and below the rib cage), and compressing the abdomen briskly, using both arms and hands.)

If the choking victim passes out and collapses, check the mouth and throat to remove any food or object, then try to give two slow breaths. If the airway is blocked, straddle the victim and, using the base of the palm, sharply compress the abdomen between the belly button and the rib cage five times, and re-check the mouth. Repeat until the airway is opened (i.e. the food or object appears in the mouth and is removed so that the rescuer can do mouth-to-mouth breathing or the victim starts to breathe spontaneously).

Choking infants are held in the forearm. Five back blows are alternated with five chest compressions to clear the airway. The mouth and throat are inspected after each effort. Chest compressions rather than abdominal compressions are done when a woman is in mid to late pregnancy.

## **Bleeding**

Stop the bleeding by

- pressure over the wound (if possible, using a sterile dressing and bandage)
- elevation of the bleeding site above the level of the heart.

For large wounds continue to add bandages, wrapping the wound firmly. Do not remove bandages.

If the bleeding is minimal, dirty cuts and abrasions should be flushed thoroughly with water and washed gently with soap before bandaging.

Gaping lacerations will need to be sutured.

If a knife or other sharp object is penetrating deeply into the flesh or eye, do not remove it. Bandage around it. Cover the eye and object in it with a paper cup and tape the cup to the victim's head.

Tourniquets are never used unless the rescuer believes that the loss of the arm or leg is necessary to save the victim from dying of hemorrhage.

## **Burns**

1<sup>st</sup> degree – red, painful (like a bad sunburn)

2<sup>nd</sup> degree – red, weepy, blisters, extremely hypersensitive

3<sup>rd</sup> degree – grey, mottled, waxy or leathery, painless, dry, usually surrounded by 2<sup>nd</sup> degree burn areas

For 1<sup>st</sup> degree burns, apply cold until the pain lessens. (Use a cool towel, ice wrapped in a cloth, or cool running water.) cooling limits the spread of the thermal injury.

For 2<sup>nd</sup> degree burns, apply cool compresses. Never apply butter or oils. Do not break the blisters. Cover the burn with a non-stick dressing, preferably after application of Silvadene cream) to lessen the pain. (For facial burns, bacitracin is used instead.)

For 3<sup>rd</sup> degree burns, cool the area, placing the arm or leg in cool water. There is no need to cover this burn.

Remove burned clothing. Remove jewelry as hot metal may continue to burn the patient and when the burn area later swells, the ring or other jewelry may create a tourniquet, clamping off the blood supply.

For chemical burns—Flush! Flush! Flush! Flush with water at least fifteen minutes. (Note: if dry powder is on the burnt area, brush it away before rinsing. White phosphorus and sulfur trioxide-chlorosulfonic acid, corrosive acids, will burn when water is applied.)

Electrical burns may be more extensive than they appear. There may be heart injury that can trigger cardiac arrhythmia.

If a person himself is burning, he should “stop, drop, and roll.” Wrapping the victim in a blanket may smother the flames.

With the following types of burns the victim should be immediately taken to a hospital emergency room:

1. Any 3<sup>rd</sup> degree burn covering more than 5% of the total body area or any 2<sup>nd</sup> and 3<sup>rd</sup> degree burn covering more than 10%.
2. If smoke inhalation occurred or the nose, mouth, and throat are burned or charred.
3. If concerned that there was carbon dioxide exposure
4. All chemical and electrical burns.

## Poisoning and Overdoses

Only 4% of poisonings of the victims of poisoning or overdose require hospitalization, but these victims account for 5% of intensive care admissions. Forty per cent are due to prescribed drugs. Ingestion of two or more drugs is common. Seventy-nine per cent of poisonings are from ingestion, 7% from dermal penetration, 6% involve the eyes, 5% from inhalation, and 0.3% from intramuscular or intravenous injection.

Most calls to a poison center are about children who have ingested a toxin. Children six months to three years of age are at greatest risk, as they are exploring the world orally, have newfound mobility, and cannot yet recognize the dangers. Parents with infants and toddlers must exercise maximum vigilance in the prevention of poisoning. Nothing is better than **prevention** to stop a child from ingesting a poison.

*Here are some tips to prevent child poisonings:*

- “Child-proof” your home, putting medicines and dangerous substances out of reach and safety latches on cupboards to prevent entry.
- Exercise heightened caution when carrying medicines in your purse, as children may investigate purses.
- Ask for and use safety/child resistant lids or closures on containers of medications and other potentially dangerous products. There has been a 55% reduction in deaths from aspirin poisoning since childproof caps became mandatory.
- Keep products in their original, labeled containers.
- Children over three years of age can be taught to identify and avoid containers labeled with a hazardous substance sticker, e.g. “Mr. Yuk.”
- Store medications away from foodstuffs.
- Always refer to medicine including children’s vitamins as “**medicine**”, *not as “candy”*.
- Use potentially dangerous volatile substances only in well-ventilated areas.
- Store the Clorox, floor wax, ammonia, etc. up where children cannot get to them. Put the corn flakes under the sink, not the poisons!
- Label containers when storing medicines and other potentially toxic products.

Adolescents and adults with depression and other psychiatric disorders most often have serious or fatal drug overdoses. Alcohol and other drug abuse may precede the overdose. A drug over dose may be suspected if the victim abruptly becomes ill. If there is a suspicion of a poisoning, overdose, or toxic exposure:

- Look for evidence of empty pill bottles, spilled liquid, clothing stains, and abnormal odors. Save the bottles or containers and bring them to the hospital with the victim
- Obtain a history from the victim or his friends: the time and duration of exposure, the route of ingestion, the name and amount of each drug taken, the symptoms that the victim is experiencing. Was it intentional or accidental? Remember that the victim may not be willing to describe the exposure and after taking the drug, his answers may not be reliable.
- Monitor vital signs: breathing, pulse, respiratory rate, pupil size and reactivity to light, skin color (cyanosis, flushed, sweating?), level of responsiveness, (confused, lethargic, unconscious?), and blood pressure. Perform CPR, if necessary.

**Syrup of Ipecac, which induces vomiting, is no longer a recommended to be used after the ingestion of poisonous substances.** Ipecac can make a victim worse when alkalis, acids, solvents, and petroleum products have been ingested. If you own any syrup of ipecac in your home, please dispose it.

There are many specific antidotes. Call the medical duty officer and quickly move the victim to a hospital. Keep the following phone numbers to call.

National Poison Control Center ..... U.S.1- 800-222-1222

Local Poison Center ..... 228-0417  
(Toxicology Center Hospital Santa Tecla)

### **Treatment of dehydration and diarrhea**

1. Lie down and rest.
2. Reduce food intake. If vomiting is present, do not take food, liquids, or medicine until 2 hours after the last episode of vomiting. Contact the Health Unit duty officer to discuss use of an anti-emetic to stop the vomiting.
3. If not vomiting, replace fluids using packets of rehydration salts (available from any pharmacy as Rehydrans) in juice, Pedialyte, or Gatorade. Drink 2-3 quarts of these liquids in 24 hours to make up for fluid loss, which always accompanies diarrhea and fever. You can make your own rehydration solution, as follows:
  - 1 liter water
  - 2 tablespoons sugar or honey
  - $\frac{1}{4}$  teaspoon salt
  - $\frac{1}{2}$  teaspoon baking soda

The following may be taken in small portions at frequent intervals as desired: water, sweetened tea, and caffeine-free soft drinks (not diet). Easy-to-digest foods are recommended when resuming eating. The “BRAT” diet is often the starting point: bananas, rice, applesauce, and toast. Other foods in the easy-to-digest category include: clear jellies, saltines, Jell-O, puddings, baked potato, puffed wheat, other non-citrus fruits (such as peaches and pears). **Avoid** dairy products, high fat foods

and proteins, such as eggs, meat, chicken, which are particularly difficult to digest. Later use of lactobacillus products may speed recovery of ravage intestines.

### **Neck Injuries and Fractures**

When a bone is broken, the sharp edge can, like a weapon, cut the softer tissue around it. The most important immediate action, therefore, is to immobilize the fracture, including the joints above and below the fracture. Immobilization will reduce injury and lessen pain. Use any rigid object. Two or three magazines could be rolled around a broken forearm and secured with cloth ties. A long pole, like a broomstick, could be tied to the leg to prevent it from moving. For fingers, taping the broken finger to the normal fingers on either side will effectively protect the fracture. Similarly, tying the fractured leg to the healthy leg will splint the fracture. After immobilizing examine the arm or leg. Is the color normal? Is it warm? Cold, purplish extremities indicate that the fracture is compressing blood vessels. Try to extend the limb with firm steady pressure—and then hold it. Did the blood flow return? Lost of feeling to touch or sharp suggest a nerve injury. If either of these last two problems are present the victim needs urgent examination at a hospital.

Whenever there is head injury, neck pain, or serious accident (auto accident, major fall), suspect a neck fracture. Neck fractures may be unstable and movement of the neck may slice the spinal cord. It is imperative that these individuals have the neck immobilized. A hard cervical collar is preferred, but, if not available, simply place shoes or other objects at each side of the head to prevent movement. This simple treatment may prevent quadriplegia.



# Appendix



**OFFICE OF MEDICAL SERVICES**  
**ADMINISTRATIVE BULLETIN No. 2**  
October 2002

**PATIENT BILL OF RIGHTS**

The Office of Medical Services (MED) recognizes and values a positive relationship between its health care providers and beneficiaries. The traditional patient/provider relationship at times takes on a new dimension when care is rendered in a worldwide setting, where medical support systems may not be as readily available as in the United States. The Office of Medical Services strives to be sensitive to each person's unique health care needs and functions with the principle that each patient has the right to the considerations listed below.

**PATIENT BILL OF RIGHTS**

Each person who has medical or administrative dealings with the Office of Medical Services has the right:

- To expect to be treated with respect, consideration and dignity.
- To be assured of confidential treatment of medical information and records. To be afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law or third party payment contract, HIPPA (Health Insurance Portability and Accountability Act) regulations, the Privacy Act, and when release is required by legal mandate.
- To know the name and function of any person providing the health care services.
- To know names and professional relationships of other physicians who may provide the care in the absence of his/her attending physician.
- To be provided, to the degree known, information concerning their diagnosis, treatment, and prognosis. When it is not medically advisable to so, the information will be made available to an appropriate person acting on the patient's behalf.
- To participate in decisions involving their health care.
- To request a second opinion.
- To expect a response to any reasonable requests made for service.
- To refuse treatment and leave the premises against the advice of his/her physician to the extent permitted by law and to be informed of the medical consequences of his/her action.
- To expect communication in a language which they understand.
- To expect treatment without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof.
- To know services available, such as provisions for after hours or emergency care, educational material available, and policies concerning payment of fees.
- To receive an explanation of his/her bill, regardless of the source of payment.
- To expect reasonable continuity of care and to know in advance the time and location of appointments.
- To have available any area of where he/she is cared designated as a non-smoking area.

- To have all patients' rights extended to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- To be provided information on and MED policy on formulation of Advance Directives (living will).
- To have his/her pain assessed and treated promptly and in concurrence with usual and customary medical practice.
- To voice complaints through a local Health Unit and a formal Quality Improvement program, particularly those involving quality of care issues, with the expectation of a review and a response to the complaint.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY MED (DOS MEDICAL PROGRAM) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

- MED is permitted to use, without an additional patient release, patient information for purposes of: treatment (provision of any diagnosis and prescriptions/medications in a DOS health unit/clinic), payment, health care operations (MED FAMs), medical suitability determinations (Clearance examinations), and the assignments process (Clearance decisions).
- Other uses and disclosures will be made only with the individual's written authorization. Note: This authorization may be revoked by the patient.
- Individuals may exercise the following rights by presentation to MED Medical Records appropriate written requests for:

The right to restrict certain (specified) uses and disclosures of protected health information. Note: MED is not required to agree to a requested restriction.

The right to receive confidential communications of protected health information.

The right to inspect and copy protected health information.

The right to amend protected health information.

The right to receive an accounting of disclosures of protected health information that is sent outside of MED as for external consultations. Individuals are asked to sign a formal "Release of Information" form in this process.

The right to obtain a paper copy of this notice upon request.

- According to HIPPA (Health Information Portability and Privacy Act) and the Privacy Act, MED is required to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices.
- MED is required abide by the terms of the privacy notice currently in effect, but reserves the right to change the terms of this notice and to make new notices provisions effective for all maintained protected health information.
- MED will provide individuals with the revised notice published in writing and posted

in the DOS/MED Health Units/clinics.

- Individuals may complain to MED (Quality Improvement) and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. The individual may file a written complaint to the Director through MED/QI. MED expressly declares that the individual will not be retaliated against for filing a complaint.
- The Chief of the Office of Quality Improvement will provide further information when called at 202-663-1741.
- This notice is effective 11/2002.
- 

If your concerns need further clarification or assistance, you may contact the Quality Improvement Program of the Office of Medical Services. Please address your signed letter to:

The Office of Medical Services, Quality Improvement Program, Room 209, and  
Telephone: (202) 663-174, Columbia Plaza, Washington D.C. 20522.

## IMMUNIZATIONS

### **Hepatitis A Vaccine**

Hepatitis A is a serious viral infection transmitted by fecal contamination of food and water. Hepatitis A vaccine is now available. It is recommended that employees and dependents residing in areas where Hepatitis A is endemic receive the Hepatitis A series. See Hepatitis A, page 21.

### **Hepatitis B Vaccine**

In adults, Hepatitis B immunization is recommended for certain high-risk groups based on occupation, life-style risk factors, and those individuals having intimate contact with potentially infected persons in areas where there is a high prevalence of Hepatitis B carriers. Children in the U.S. now receive the vaccine routinely. Hepatitis B prophylaxis is offered to employees and dependents and can be given at any age. See Hepatitis B, page 21

### **Rabies Vaccine**

Rabies human diploid cell vaccine (HDCV) is recommended for pre-exposure use by personnel posted in regions where there is an increased risk of being bitten by a rabid animal. This vaccine may be administered to all ages. When bitten by a potentially rabid animal, even those persons who have received a pre-exposure rabies immunization need evaluation for post-exposure immunization and should contact the post health unit as soon as possible. Since rabies is endemic in El Salvador the individuals who plan frequent outdoor activities should consider receiving the pre-exposure vaccine. See Rabies, pages 21-22.

### **Typhoid Vaccine**

The Typhoid Vaccine is recommended for individuals who will have prolonged exposure to potentially contaminated food and water. Even though there is an estimated 70% protective rate with this vaccine, those vaccinated should still use care in selecting food and water. See page 24

### **Yellow Fever Vaccine**

Yellow Fever Vaccine is required for those traveling or living in areas of South America and Africa where Yellow Fever infection is reported. Many of these countries will require an International Certification of Vaccination to be completed, signed, and validated by a certified immunization center and will not allow entry without it. Vaccination is valid for 10 years. The vaccine is often not available overseas and personnel should verify (and renew if needed) their vaccination at the time of R&R and home leave. This will ensure that their validation does not expire during their overseas tour.

Children as a rule can begin immunizations at nine months of age. Pregnant women and those with severe allergy to eggs should avoid vaccination. Yellow Fever vaccine is not available in El Salvador, nor is it required.

### **Childhood Immunizations**

Children traveling and residing overseas are often at increased risk of exposure to contagious pediatric diseases that are more common outside of the U.S. Immunization recommendations for

children should be followed closely because of these risks. The following is the recommended schedule for immunization of normal infants and children as of January 2000.

## RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN

Below are the Health Unit recommendation schedules for immunization. These are very important parts of a child's health care and can be scheduled by calling the Health Unit. One of your many responsibilities as a parent is to be sure your children receives their exams and immunizations on a timely basis.

## Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2005

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-18 years
Hepatitis B¹		HepB #1											
Diphtheria, Tetanus, Pertussis²				DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
Haemophilus influenzae type b³				Hib	Hib	Hib		Hib					
Inactivated Poliovirus				IPV	IPV						IPV		
Measles, Mumps, Rubella⁴								MMR #1			MMR #2		MMR #2
Varicella⁵								Varicella			Varicella		
Pneumococcal Conjugate⁶				PCV	PCV	PCV		PCV			PCV	PPV	
Influenza⁷								Influenza (Yearly)			Influenza (Yearly)		
Vaccines below red line are for selected populations													
Hepatitis A⁸											Hepatitis A Series		

**All children and adolescents (through 18 years of age)** who have not been immunized against hepatitis B may begin the series during any visit. Special efforts should be made to immunize children who are born in areas of the world with moderate or high infection rates of hepatitis B virus infection.

### **ADJUSTED DOSAGE SCHEDULE IN HIGHLY ENDEMIC AREAS**

**Measles:** Measles may be received as early as six months. Booster then is MMR at 15 months and again at school entry (4-6 years).

**Polio:** In endemic areas, infants should receive their first dose in newborn period, and then receive 3 additional doses (the primary series at 6, 10 and 14 weeks of age). Note that only injectable vaccine is recommended.

**Tuberculosis:** TB skin test is recommended yearly for all ages, even when residing in the U.S.

### **Fluoride Supplements**

Concentration of fluoride ion in the water: 1) less than 0.3 PPM in distilled water; 2) less than 0.6 PPM in bottled water. (PPM = parts per million) the following supplements are recommended for children living in El Salvador and drinking bottled or distilled water.

<b><u>Age</u></b>	<b><u>Dose</u></b>
0 to 6 mo	0.00
6 mo to 3 yr	0.25
3 yr to 6 yr	0.50
6 yr to 16 yr	1.00

Note that 1.0 mg of fluoride ion = 2.2 mg of sodium fluoride; 0.50 mg of fluoride ion = 1.1 mg of sodium fluoride; etc.

Discontinue fluoride supplements when returning to the U.S., as water is fluorinated in there.

Fluoride is dangerous when taken in large amounts. Keep it out of the reach of children and in childproof containers. Emphasize that it is not a candy.



### Centigrade – Fahrenheit Equivalents

Centigrade	Fahrenheit	Centigrade	Fahrenheit
Freezing water at sea level 0	Freezing water at sea level 32	Pasteurization (holding) 30 min at :	
		62.8	145.0
Clinical Range	Clinical Range	Pasteurization (flash) 15 sec at:	
36.0	96.8	71.7	161.0
36.5	97.7		
37.0	98.6		
37.5	99.5		
38.0	100.4	Boiling (water at sea level)	
38.5	101.3	100.0	212.0
39.0	102.2		
39.5	103.1		
40.0	104.0		
40.5	104.9		
41.0	104.10		
41.5	105.8		
42.0	106.7		
	107.6		
	107.7		

#### Conversion:

To convert F to C subtract 32 then multiply by 5/9 or 0.555  
To convert C to F multiply by 9/5 or 1.8 then add 32

### Fever

Normal body temperature differs slightly from person to person, but on average it is 98.6 degrees Fahrenheit (= 37.0 degrees Centigrade). A temperature that is higher than normal is a fever. Call the Health Unit if:

- Temperature is higher than 100F (37.5C) in baby 4 weeks or younger
- Temperature is higher than 101F (38C) in infant less than 3 months
- Temperature is higher than 103F (39C) in anyone
- Fever lasting more than 2 days

Giving Tylenol every four to six hours and sponging with cool water will lower body temperature.

AGE	0-3	4-11	12-23m	2-3	4-5	6-8	9-10	11	12 y
WEIGHT	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	>96 lb
Infant concentrated drops (80 mg/0.8ml)	0.4	0.8	1.2	1.6					ml
Children's Liquid Susp. (160 mg/5ml)		½	¾	1	1 ½	2	2 ½	3	tsp
Children's Soft Chews (80 mg)				2	3	4	5	6	tabs
Junior Strength Chewable (160 mg)					2	2 ½	3	4	tabs

Do NOT use aspirin in children under the age of 16. Aspirin has been linked as a causative factor of Reyes Syndrome, in which a child develops liver dysfunction and encephalopathy with brain edema.

## MEDICAL-SURGICAL CONSENT AUTHORIZATION FOR CHILDREN

Parents or guardians planning to be out of town should submit a letter authorizing medical-surgical care for dependents to the Health Unit prior to departure. In cases of emergencies, the absence of authorization would pose a difficult problem for health care providers, who cannot provide medical treatment without consent. In addition to providing the form below, the responsible adult caring for the child/children should be given the immunization (yellow card) record, information about drug allergies, and passports (in the event that medical travel became necessary).

The written authorization for each child should be made out in duplicate with copies distributed to the following:

1. Original to the responsible adult (not domestic help), preferably within the US Embassy, who might be required to make health care decisions for your children.
2. Copy to the Health Unit.

Authorized dates of care: from \_\_\_\_\_ to \_\_\_\_\_

I hereby give my consent for \_\_\_\_\_  
to authorize necessary medical care, including laboratory tests, diagnostic procedures, immunizations, and surgery, at the Health Unit, medical and dental offices, clinical laboratories, outpatient surgical centers, and hospitals, during my absence.

NAMES

DIAGNOSES

MEDS

ALLERGIES

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of witness

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

## **DR. MAC ANSWERS QUESTIONS ABOUT TUBERCULOSIS**

*Mycobacterium tuberculosis* causes an insidious, severe, organ-damaging disease. All personnel who have had negative skin tests (indicating no prior TB infection) should have annual monitoring with the Mantoux PPD skin test when living in endemic areas overseas.

### **Q. Is tuberculosis (TB) a serious disease?**

A. Worldwide, about two million people die of TB per year, and the number has been increasing in conjunction with the AIDS epidemic. In Africa about 45% of AIDS patients die of TB. TB destroys tissue—lung, bone, brain, gut, and other organs.

### **Q. How do know if I've gotten TB infection?**

A. There are about 8 million people newly infected with TB per year, most of them living outside the United States. When living overseas, annual monitoring for TB is done by the Mantoux skin test in which 0.1 ml of “purified protein derivative” (PPD) is injected into the skin. When a person becomes infected, the test changes from negative to positive. The test will remain positive indefinitely, so skin tests are not repeated once the individual becomes positive. When the TB skin turns positive, a chest x-ray is done to detect active TB infection, as more than 85% of persons with TB infection have lung infection (pulmonary TB).

### **Q. How do I get TB?**

A. Persons with TB in their lungs cough TB into the air. Bystanders breathe aerosolize TB into their lungs. If the TB-infected person is not coughing, he does not spread the disease.

### **Q. If my TB test turns positive, will I get sick?**

A. Only 10% of persons infected with TB develop illness—5% within 5 years after the infection and 5% at some point later in life. In 90% the body either eliminates the TB or traps it in scar tissue. In this latter situation the TB organism may “awaken” years later, because the immune system wears down with age, causing serious illness.

### **Q. What should I do if my TB skin test becomes positive?**

A. If an individual's skin test “converts” from negative to positive, nine months of treatment with the anti-TB drug, isoniazid (INH) is recommended. The chief side effect of INH is liver injury. Liver injury is extremely rare among persons under twenty years of age. Liver tests are monitored during treatment.

### **Q. If I've “always” had a positive TB skin test, do I need to get treatment?**

A. If a person has had a positive TB skin test for more than five years, the decision to treat him with INH pivots upon his age. Persons under age 35 years are treated, whereas those older than 35 years are not. The benefit of treatment with INH is tempered by the increasing risk of INH-induced liver damage with increasing age. All persons who have a recent (within five years) change in the TB skin test from negative to positive are treated with INH, regardless of age.

### **Q. If I have a positive TB skin test do I need a chest x-ray every year?**

A. No. Chest x-rays are recommended at the time of conversion from TB skin test negative to positive. Thereafter, chest x-rays are done only if symptoms of active pulmonary TB disease develop. Chest x-rays are also required for pre-employment medical examinations to make sure that a contagious person does not bring TB into the workplace.

**Q. What should I do if my household help comes to work every day with a hacking cough?**

A. If the house help develops a cough, he/she should stay home until the cough disappears. If he has only a viral bronchitis, the cough will go away in a week or two. If the cough persists, he will need a medical exam and chest x-ray to exclude contagious pulmonary TB.

**Q. How does a person with a positive TB skin test know that TB is making him sick?**

A. TB illness causes fever, night sweats, weight loss, and cough with sputum and blood. Persons suspected of TB should have a chest x-ray. Non-pulmonary TB infections are often very difficult to diagnose.

**Q. What risks do I have of contracting TB if a member of my family develops contagious TB lung infection?**

A. It is recommended that close contacts—that is, someone living in the house of person who has contracted active pulmonary TB disease—receive INH for three months. The ill individual receives four anti-TB drugs for two months followed by treatment with two drugs for many more months. Usually, after two months of treatment with four drugs the infected person becomes non-contagious.

**Q. If I've had BCG, should I get a TB skin test?**

A. BCG (Bacille Calmette-Guerin) vaccination is given to children living in areas with high prevalence of TB, usually six weeks after birth and sometimes a second time later in childhood. The “vaccine” is a live organism, *Mycobacterium bovis*, a cousin bacterium of TB. There are problems with this vaccination. First, the organism may occasionally infect bone, causing serious illness. Secondly, it is not very effective. Thirdly, it interferes with using the TB skin test to screen people for TB infection. After the first dose of BCG at age six weeks, the TB skin turns negative in 99% by 4-5 years of age. If the BCG vaccination is repeated (at age 6 to 12 years), then the TB skin test may be positive for 10-15 years or longer. In following the American medical recommendations, preventative treatment with INH would be recommended for all persons less than 35 years of age, whether or not they had previously received BCG, because TB is such a serious illness. Members of the American Community who take their children to local pediatricians should refuse the BCG vaccination.

**Q. Why does the Health Unit recommend annual TB skin tests when living overseas?**

A. There is a much higher, and increasing, incidence of TB in most countries. Since the risk of exposure is high, the TB skin is done annually to detect new infection and treat people **before** they get sick, in order to prevent serious, contagious illness.

If anyone has more questions, please come to the Health Unit. Questions are always welcomed, as are each of you.

## PRESCRIPTIONS

Most employees are members of the FS Health Benefit Plan (managed by the Mutual of Omaha), Blue Cross/Blue Shield, GEHA, MailHandler's, or Tricare health insurance. Members of these insurance plans can obtain FAXable prescriptions from the Health Unit. Fax the prescription to Caremark, Medco Health or ExpressScripts, whose fax numbers are listed at the top of the prescription. The prescription will usually arrive within 10-14 days. Please review the prescription carefully before faxing, to make sure that all information is accurate (name, address, social security number, type and quantity of medication). These companies will charge a co-pay with each three-month prescription. The co-pay may vary, depending upon whether the medication is generic, on the company's drug formulary, etc. Do not expect the Health Unit to fax your prescription.

If ordering medications directly from a pharmacy in the Washington area, here are five reliable suppliers are:

### **Washington Clinic Pharmacy**

5401 Western Ave., N.W.  
Washington, D.C. 20015  
Tel: 202-363-2443-2444  
Fax: 202-537-5070  
ATTN: Mr. Art Weinstein

### **Morton's Pharmacy**

724 E. Capital St. NE  
Washington, D.C., 20003  
Tel: 202-543-1616  
Fax: 202-547-1636  
Will accept new Rx by fax but no Schedule 2 drugs; they will FED-Ex or DHL; they will also forward OTC's.

### **New Hampshire Care Pharmacy and Medical Equipment**

5001 New Hampshire Ave., N.W.  
Washington, D.C. 20011  
Tel: 202-726-3100  
Fax: 202-291-5259  
Will accept new Rx by fax, but not schedule two narcotics by fax. Will FED-Ex or DHL.

### **Western Pharmacy**

3001 P St. NW  
Washington, D.C. 20007  
Tel: 202-337-4100  
Fax: 202-337-4102

### **CVS**

2125 E St. NW  
Washington, D.C. 20037  
Tel: 202-338-6337/337-4388  
Fax: 202-625-6621  
Will not accept new Rx by fax—only refills via fax. You must call for new Rx's.  
Mailing fee: \$6.00 pouch; \$7.00 for APO.  
If another CVS is used, it will delay the Rx by about three weeks. They will FED-Ex or DHL; they will also forward OTC.

A few other factors to keep in mind with FED-Ex and DHL are:

1. It is expensive; at least \$50.00 plus.
2. It frequently takes 5-7 days, even if it is an overnight shipment request.

3. The host country's customs may slow down or stop the prescription delivery and require documentation from the Health Unit or other authorities.

Attach a note to the prescription requesting that the medication package be labeled "PRESCRIPTION MEDICATION" and mailed to the following:

Your Name

Unit #

APO AA 34023

Please seek Health Unit guidance about the use of locally obtained prescription drugs.



## HOUSEHOLD FIRST AID KIT

The Heath Unit maintains a limited supply of medications for treatment of non-routine acute medical conditions. Personnel are expected to maintain adequate supplies of prescription drugs used chronically and non-prescription supplies for acute minor illnesses.

### Athlete's foot

Antifungal ointment/spray

### Constipation

Milk of Magnesia

Dioctyl Sodium Succinate

### Cough

Cough syrup (Robitussin **DM**)

### Cuts and Scrapes

Topical antibiotic ointment (Bacitracin),

Band-Aids, sterile 4x4 gauze pads,

Adhesive tape

### Diarrhea

Imodium AD (tablet or liquid)

Pepto Bismol

### Dry skin

Skin moisturizers/lip balm

### Eye care

Liquid tears

Visine

### Fever

Tylenol/Advil (avoid aspirin in children)

### Insect protection

Repellents containing DEET

### Skin rash/allergy, insect bites or minor

(sunburn, contact dermatitis)

Topical Hydrocortisone cream 0.5%

Antihistamine tablets (Benadryl)

Calamine lotion

### Nasal congestion due to colds, allergies, dust

Pseudoephedrine (Sudafed)

Antihistamine (eg. Claritin/Zyrtec/Allegra/Actifed)

### Skin disinfection, cleaning of minor cuts & scrape

Hydrogen peroxide, Betadine

### Sore throats

Throat lozenges or spray

### Strains, sprains

Elastic bandage roll (Ace wrap)

Advil/Aleve

### Sun protection

Products (lotions, lip balm) with sunscreen with protection factor SPF 15 or greater

### Vaginal yeast infections

Monistat 7/ Lotrimin suppository or cream

### Equipment

Scissors

Tweezers

Safety pins

Flashlight

Thermometer

Pocket knife

Triangular bandages

Bandaids

Disinfectant/Betadine/Bacitracin ointment

Telfa (non-stick) gauze and gauze bandages

WHO rehydration salts and juice or Gatorade

Gloves

Face Shields or Pocket Mask

## **PERSONAL CLEANLINESS**

### *For Domestic Employees*

### *English Translation*

Hands should be washed:

1. Before starting work
2. After using the toilet
3. After cleaning work areas
4. After touching food products such as meat and poultry
5. After sneezing, coughing or blowing nose

Jewelry such as rings, bracelets and long, dangling earrings should be removed before starting to work.

It is important to maintain high levels of cleanliness and hygiene to avoid transmitting diseases by means of food products. It is ideal and correct for employees to bathe before starting to work. Fingernails should be kept short and clean at all times. Hair should be kept away from the face, combed and clean. Clothes should be kept clean. Avoid scratching the head and putting hands in mouth and nose. Smoking is only allowed at authorized times and places and hands must be washed afterwards.

### **How to Maintain a Healthy Kitchen**

The following guidelines are offered to help you and your families have a healthy, enjoyable time in El Salvador.

1. If your maid has a fever, vomiting, diarrhea or open cuts it must be reported to you immediately.
2. Food handlers should wash their hands with hot, soapy water and a scrub brush when they enter and leave the kitchen, before preparing food/drink, when changing from dealing one food to another, after using the toilet, and after smoking.
3. The kitchen should be checked for insects weekly and employees instructed in the proper use of insecticides. Neither food nor cookware should be exposed to insect sprays. All pesticides should be kept out of reach of children and pets. Avoid using insecticides with an oil base.
4. Garbage should be taken out daily and not left in the kitchen overnight. Trashcans should be kept covered. Dirty plates and leftover food should not be left out. Keep the kitchen counters; sink areas and floors clean and free of food at all times.
5. Drinking water, water used for brushing teeth and for ice should be boiled for a full 3 minutes.
6. Dishes should be washed in hot, soapy water and rinsed in hot or boiled water. It is best to let them air-dry. If dish-towels are used, use only clean ones for each use. Wet, dirty dishtowels spread germs. Dishes should be stored in cupboards away from flies, ants, etc.
7. Food should be covered at all times and kept in the refrigerator. Store food in plastic or glass containers. Check the refrigerator to be certain it is clean and working properly. Refrigerator and freezer thermometers can be purchased cheaply from the US and are good for monitoring the temperature. If you do go on a trip, set an ice cube on a plate in the freezer section of the refrigerator. If it is melted when you return, you will know that the electricity was off for a sufficient enough time to melt the food, which may not be safe for consumption. Meat and bread wrappers should be removed in the kitchen and replaced with a fresh wrapper before being stored in the refrigerator or freezer.

8. Fruits and vegetables should be scrubbed and soaked in a Clorox bleach solution before being placed in the refrigerator. Bottles and canned goods should be wiped before being stored in the cupboard. Handle food as little as possible. Use kitchen utensils. Use ice tongs when putting ice cubes into drinks. Do not allow cooked foods to stand in the kitchen uncovered. All vegetables and fruits should be scrubbed thoroughly with a brush in soap and warm water, then rinsed in hot tap water and soaked in Clorox solution (one tablespoon per gallon of water) for 20 minutes. After soaking, food should be rinsed with boiled water to remove the Clorox taste and allowed to air dry before storing in the refrigerator.
9. A general rule for dairy products is to only use pasteurized milk. Milk and cheese products are a medium for transmitting many diseases. There is no way of knowing what additives or insecticides have been used in the making of local dairy products.
10. All meats, fish and pork should be well cooked. Ensure meat is well cooked in restaurants to avoid the dangers of toxoplasmosis and trichinosis. Pork especially must be well cooked.
11. When purchasing groceries it is important to avoid delays in transporting the food home as contamination can occur. Buy the freshest products and date the items at home to ensure proper rotation. Do not buy seafood that is discolored or has an abnormal odor. Do not eat raw seafood. Do not purchase cracked eggs. Bread products should be purchased daily and stored to maintain freshness. Aluminum cans should not have dents or fungus growing on them. In order to facilitate cleaning and to avoid insects and rodents, do not store food on the floor.
12. Clean food well. Cut into portions and store in proper containers. Do not overfill the freezer to ensure good air circulation.
13. Use older products first. Remove from the refrigerator only the amount of food needed to cook at the moment. Food can be thawed quickly in warm water. Pork should be cooked at a heat no lower than 150F/66C. Meats should be washed before cooking.

### **Employee Medical Information**

Most foreigners in El Salvador employ domestic help to prepare most of the foods and care for their children. The personal health and health habits of these employees therefore, are of prime importance. A pre-employment physical examination of all household domestics (cook, maid, houseboy, nanny) is recommended. Active tuberculosis, certain bacterial and parasitic infections and chronic disease that may make the employee more of a burden once employed are the problems that should be identified.

Employee medical examinations are performed at private facilities at the employer's expense and should include stool tests for parasites and a chest x-ray to rule out active tuberculosis. Sending the person to a local laboratory and then making an appointment with a local physician best accomplish this.

Employers usually prefer to obtain treatment for their employees' parasitic infestations. However, it should be realized that they would probably become infected again while on visits to their villages. By exercising good judgment and the proper personal health habits, both you and your employee(s) will have a better likelihood of keeping healthy.

In addition to the regular examinations, the employer should inspect the employees' quarters periodically. Only the employee should occupy the quarters. The Health Unit cannot provide any medical service for domestic employees.

Note that prior to employment, the employee's name should be forwarded to the regional security office for security screening and check with the CLO to investigate whether any complaints have been made by previous employers.

# LIMPIEZA PERSONAL

## *Para Empleados Domésticos*

### *Spanish Translation*

Deben lavarse las manos siempre:

1. antes de comenzar a trabajar
2. después de salir de los servicios sanitarios
3. después de limpiar mesas y áreas de servicios, como después de sacar basura
4. después de tocar productos alimenticios como carnes y aves
5. después de sonarse, toser o estornudar

Joyas (anillos, brazaletes y aritos grandes o largos) deben de ser removidos antes de comenzar a trabajar.

Es importante mantener altos niveles de limpieza y higiene para evitar la transmisión de enfermedades por medio de los alimentos. Es ideal y correcto que todas los empleados se bañen antes de presentarse al trabajo. Las unas deben de mantenerlas cortas y limpias todo el tiempo. El cabello debe estar recogido, con un corte ordenado, peinado y limpio. Deben de ponerse siempre que están atendiendo al cliente redecillas para el cabello. La ropa debe estar limpia y ordenada. Deben evitar el rascarse la cabeza, introducirse las manos a la boca o tocarse la nariz. El uso de cigarros es totalmente prohibido, solamente es permitido en horas autorizados, y deben de asegurarse de que las manos son lavados después de fumar.

### Como Tener Una Cocina Saludable

Las siguientes guías son ofrecidas para ayudar a usted y su familia tener una estancia saludable en El Salvador.

1. Si una empleada domestica tiene fiebre, vomito diarrea o heridas abiertas debe reportarlo a Usted.
2. Manejadoras de alimentos deben tener sus manos limpias con agua caliente y jabón y también con un cepillo siempre y cuando:
  - entran y salgan de la cocina
  - antes de preparar los alimentos o bebidas
  - cuando cambian de alimentos a alimentos, como por ejemplo carne a verduras
  - después de usar el baño
  - después de fumar
3. La cocina debe de ser inspeccionado cada semana. Si usan algún tipo de veneno para insectos, la empleada domestica debe estar bien informados de como se usa.
  - Cuando se usa este veneno, no debe haber comida cerca.
  - Vasos, ollas, utensilios de plata y otros utensilios de la cocina deben ser protegidos pero si están contaminados deben ser lavados con agua y jabón.
  - Todos los venenos deben permanecer bajo llave fuera del alcance de los niños y animales domésticos.
  - Conoce tu insecticidas, evite usar insecticidas con base de aceite.
4. La basura debe ser vacía por lo menos una vez al día y nunca debe permanecer en la cocina durante la noche. Los recipientes de basura siempre tienen que están cubiertos. No dejan platos sucios o alimentos regados. Limpie la cocina para estar seguro que este libre de grasa o residuos de comida. Mantenga el piso y el lavadero de platos limpio todo el tiempo.
5. Agua para consumo - para hacer cubitos de hielo y agua para cepillarse los dientes deben ser hervido y luego continuar por 5 minutos más. Algunos de nosotros le pedimos a mis empleadas domesticas hervir el agua por 20 minutos asumiendo que esto es suficiente.
6. Platos deben ser lavado en agua caliente con jabón y enjuagarlos con agua caliente o si tu prefieren con agua hirviendo. Lo mejor es dejar que se sequen solos. Si se usa una toalla de cocina debe están limpie y solo utilizar la una vez. Toallas mojadas y sucias son verdaderas transportadoras de bacteria. Los platos deben ser almacenados en él lejos de las moscas, hormigas, etc.
7. Almacenamiento de Alimentos: Los alimentos deben ser cubierta todo el tiempo, almacenar en el refrigerador y no permitir que se queden en la mesa del comedor o en la cocina. Depositar los alimentos en recipientes plásticos o de vidrio. Cheque el refrigerador para estar seguro que esta limpio y trabajando adecuadamente. Refrigeradores y termómetro en el freezer se pueden comprar barata en los EEUU y son buena para monitorizan la temperatura. Si sale de viaje coloque en bandeja de cubos de hielo en la sección del freezer de tu refrigerador.

Si se derritió cuando regresar entonces sabrás que la electricidad fallo lo suficiente para arruinar los alimentos y por lo tanto ya no será comestible.

8. Preparación de comida: Verduras y frutas deben ser lavadas en solución de cloro antes de guardar en la refrigeradora. Botellas y alimentos enlatados deben ser limpiados antes de almacenados. Manipule alimentos lo menor posible. Utilice el utensilio de la cocina. No permita que los alimentos cocinados se mantengan al descubierto. Todas las frutas y vegetales deben ser lavados muy bien con un cepillo con jabón y agua tibia, luego enjuague con agua caliente y luego aplique la solución con cloro en la relación de una cucharada de cloro por un galón de agua durante 20 minutos. Después, los alimentos deben enjuagarse con agua cristal.

9. Productos lácteos: Como regla general, leche local no debe tomarse a menos que sea pasteurizada. Los productos lácteos son verdaderamente un medio de cultivo para muchas enfermedades cuya morbilidad puede ser que no sea inmediata. Los quesos son consumidos sin tener conocimiento de efectos adversos. Pero no hay manera de saber los aditivos o insecticidas y drogas utilizadas en el ganado o en sus alimentos.

10. Carne y pescado: Siempre deben ser bien cocinados y lo mismo ordenar en los restaurantes para evitar el riesgo de adquirir toxoplasmosis, triquinosis y otros tipos de gérmenes. Cerdo no debe ser consumido sino está bien cocinado durante mucho tiempo.

11. Productos fácilmente contaminables: Cuando se recibe mercadería, es importante determinar si los productos como carnes o aves, han sido protegidos de contaminación durante la transportación y que todos los recipientes están limpios, cerrados y sellados y que no tienen cortaduras como por ejemplo - cajas o latas. Es importante marcar con fecha todos los recipientes para asegurarnos de la rotación correcta, tanto los productos refrigerados como los congelados. Tiene que haber mucho cuidado con los alimentos (mariscos) a los congelados y descongelados, pues no es aceptable debido a que contienen un alto grado de contaminación. Mariscos deben ser confiados solamente frescos y que no tengan discoloración, o olores anormales. Todo tipo de mariscos debe ser bien cocinado, nunca deben ser servidos crudos. Huevos deben ser inspeccionados buscando rozaduras y también se deben oler antes de usarlos para evitar cocinar con huevos arruinados ya que son altamente tóxicos.

Todos los productos de panadería deben ser recibidos todos los días. Deben ser presentados en un ambiente limpio y sano (higiénico) empacados con el propósito de mantener frescura. Es importante revisar grapas en bolsas y cajas, debido a que no es aceptable ningún tipo de corrosión metálica en los productos. También deben siempre chequear que los recipientes donde vienen los alimentos, que no tengan rajaduras o que vengan mojados o nacidos.

Todos los productos que se reciben deben llevar fajas. Latas - que no tengan golpes, ni partes con moho o agujeros. No guardar comida en el suelo para facilitar la limpieza y evitar insectos o roedores.

12. Proceso de congelación rápida: Si productos como carnes van a ser congelados, el producto deben ser limpiado bien, contado en porciones y guardado en los recipientes apropiados. El producto debe ser congelado en freezer que no están extremadamente llenos para que sea posible que el aire circula alrededor del producto. Hasta que el producto este completamente congelado puede ser almacenado cerca de otros productos.

13. Rotacion: Todos los productos frescos se deben de ir almacenando de atrás para adelante para consumir primero los anteriores. Para alejar ciertos alimentos del margen de temperatura peligrosa, es importante refrigerar tan pronto como sea posible. Guardando inmediatamente la leche poleada, el budín o alguna crema pastelera en un molde de 4" de hondo y refrigerando. Sacar de la refrigeradora solamente la cantidad de alimento que se necesita cocinar especialmente cuando se trata de carnes y aves. Cuando se tiene que descongelar carnes y aves de emergencia bajo un chorro de agua potable, el agua debe tener una temperatura de 70F/22 C o más bajo. Todos los productos de cerdo deben ser cocinados internamente con una temperatura de por lo menos 150 F/66 C. Aves deben ser cocinadas internamente a una temperatura de 165F/75c. La rebanadora de carnes aunque con las mismas clases de carne debe ser limpiada frecuentemente para evitar que crezca bacteria; lo cual se produce a temperatura ambiental

### **Información Medica Para los empleados**

La mayoría de los extranjeros en El Salvador le dan trabajo a empleadas domesticas para que preparen alimentos y para que se encarguen de cuidar a los niños. Por lo tanto, la salud y los hábitos de higiene de estas empleadas son de suma importancia. Se recomienda un chequeo fisico para todas ellas (cocinera, de adentro, muchacho auxiliar, niñera) previo empleo. Tuberculosis activa, bacteria infecciosas, parásitos y enfermedades crónicas podrían ser acarreados una vez se le haya dado el empleo a un sirviente.

Los exámenes médicos de los empleados de servicio corren por cuenta de las facilidades económicas de los patronos, los cuales deberán incluir cultivos para parásitos, examen de sangre para sífilis y un examen de tórax de rayos X para investigar tuberculosis activa. De la mejor forma en que esto se puede llevar a cabo es enviando al empleado de servicio a un laboratorio y haciendo una cita con un medico local.

Los empleados usualmente prefieren obtener tratamientos contra infecciones parasitarias para sus empleados domésticos, sin embargo, se debería realizar que estas personas podrían reinfectarse cuando ellos van de visita a sus hogares. Su salud depende de los hábitos higiénicos de sus empleados domésticos. Adicionalmente a los exámenes regulares, los empleados de servicio deberían de ser revisados periódicamente por sus patronos. La Unidad de salud no puede dar asistencia medica a las empleadas domesticas































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Staying Healthy in San Salvador

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